

To be completed by the Manufacturer / Distributor.

MANUFACTURER / DISTRIBUTOR DETAILS

Company Name _____ Trading as _____

Branch (complete one form for each branch) _____

STREET DELIVERY ADDRESS DETAILS

Dept (Div / Section) _____ Suburb _____

Service (Unit / Floor / Bldg) _____ City _____

Street _____ Postal Code _____ RD # _____

POSTAL ADDRESS DETAILS (if different from above)

Dept (Div / Section) _____ Suburb _____

Service (Unit / Floor / Bldg) _____ City _____

Street / Box Lobby _____ Postal Code _____ RD # _____

CONTACT DETAILS

Business Phone _____ Mobile Number _____

Business Email Address _____ Fax # _____

KEY COMPANY CONTACT PERSON'S DETAILS

Name _____ Position _____

Business Phone _____ Mobile Number _____

Business Email Address _____ Fax # _____

KEY COMPANY CONTACT PERSON'S DETAILS – Invoice / Accounts

Name _____ Position _____

Business Phone _____ Mobile Number _____

Business Email Address _____ Fax # _____

TRANSACTION DETAILS

- New Application for Registration**
- Amendment to Existing Registration** (Please indicate change)

Deletion of Registration (Last day of business)

Date _____ dd / mm / yyyy

Reinstatement of Registration

Date _____ dd / mm / yyyy

BANK ACCOUNT DETAILS (Please provide copy of the deposit slip)

Bank					
Branch					
Account					
Suffix					

Return to **accessable**
Mt Roskill
Auckland
Fax: 09 620 1702

OFFICE USE ONLY

Frequency	Single / Multiple					
Supplier Reference		A	B	G	M	O
Supplier Number	_____					
Authorised	_____					
Date	dd / mm / yyyy					

INFORMATION WEBSITE UPDATES

All Manufacturer / Distributor's email contacts will be loaded to receive updates from the **accessable** Hearing Aid Services website. This website provides important information from the Ministry of Health regarding criteria and changes in policy. In addition this site contains all updated manuals, processes and application forms.

PRIVACY ACT

Under the Privacy Act 1993 we are required to inform you that:

- The information collected on this form will be held by **accessable**. It will be used by **accessable** or the Ministry of Health for the purposes of assessing you as a Manufacturer / Distributor and related purposes. The information may also be made available to the public in connection with the provision of health and disability services.
- Please Note:** *The collection of your email address will only be used for direct communication between yourself and the Ministry of Health and / or **accessable** and as such will not be made available to any other third party for the purpose of direct mailing.*
- You have the right to access personal or company information held and to request corrections to the information.
 - It is not mandatory to provide the information sought in this form but failure to do so may result in you not obtaining or retaining registration.

Manufacturers / Distributors Declaration

By completing and submitting this application you have read and understood the Manufacturers / Distributors roles and responsibilities contained in the Hearing Aid Services Manual and agree to adhere to these.

Completion Date _____ dd / mm / yyyy Date Sent _____ dd / mm / yyyy