

## Eligible Person's Signatures

Every person who constitutes the eligible person and/or is duly authorised under the authority of the legal structure of the eligible person (as applicable) must sign this form. *Make as many copies of this page as required*

### Individuals and unincorporated entities (e.g. sole owners, joint owners, trusts, partnerships)

Name (please print clearly)	Signature	Date
_____	_____	_____
Name (please print clearly)	Signature	Date
_____	_____	_____
Name (please print clearly)	Signature	Date
_____	_____	_____
Name (please print clearly)	Signature	Date
_____	_____	_____
Name (please print clearly)	Signature	Date
_____	_____	_____

### Incorporated bodies (e.g. companies, limited partnerships and other incorporated entities)

Organisation	Name (please print clearly)	
_____	_____	
Position (if applicable)	Signature	Date
_____	_____	_____
Organisation	Name (please print clearly)	
_____	_____	
Position (if applicable)	Signature	Date
_____	_____	_____
Where signed by only one director of a company or one general partner of a limited partnership or where signed by another authorised person, signatures must be witnessed.		
	Name of witness (please print clearly)	Signature
	_____	_____
	Position/Occupation	Date
	_____	_____
	Address	
	_____	

Please post this signed application form to:

Forestry Allocation Plan  
 Ministry of Agriculture and Forestry  
 PO Box 1127  
 WELLINGTON 6140

Alternatively, scan and email the signed application form to:

[fap@maf.govt.nz](mailto:fap@maf.govt.nz)

