

# Notify Deforestation



## Emissions Trading Scheme (Forestry) – Pre-1990

ETSP90D.3

Use this form if you are:

£ A person who deforests more than 2 Ha of Pre-1990 forest land in the 5 year period commencing 1 Jan 2008

Before completing this notification, please check that you have the following:

£ A holding account from the New Zealand Emission Unit Register (NZEUR)

(You can get a holding account by calling MED on 0800 CLIMATE or visiting [www.eur.govt.nz](http://www.eur.govt.nz))



All information is MANDATORY unless indicated as 'optional'.

### U Person Submitting this Notification

Please provide contact details for the person submitting this notification on behalf of the Participant. We will contact this person if we have any questions about this notification. Where you provide personal information, MAF will hold and use that information in accordance with the Privacy Act 1993. You have the right to access and correct any personal information held by MAF.

Organisation (optional)	<input type="text"/>		
Title	<input type="text" value="£ Mr"/> <input type="text" value="£ Mrs"/> <input type="text" value="£ Ms"/>		
First Name(s)	<input type="text"/>		
Last Name	<input type="text"/>		
Preferred Telephone Number	Country <input type="text" value="(+ )"/>	Area Code <input type="text" value="( )"/>	Number <input type="text"/>
Alternate Phone Number (optional)	Country <input type="text" value="(+ )"/>	Area Code <input type="text" value="( )"/>	Number <input type="text"/>
Address (Line 1)	<input type="text"/>		
Address (Line 2) (optional)	<input type="text"/>		
Suburb	<input type="text"/>		
City	<input type="text"/>		
State (optional)	<input type="text"/>		
Postcode	<input type="text"/>		

Country

New Zealand or

Other \_\_\_\_\_

Email address

Fax (optional)

Country

(+ )

Area

( )

Number

Preferred Contact Method

Email  Phone  Mail/Post

## ✓ Participant Name and Holding Account

The landowner of the Pre-1990 forest land that is deforested becomes a Participant in the Emissions Trading Scheme (unless they did not have control over the decision to deforest) and is required to register.

A Participant's legal form (natural person, company, partnership, joint ownership etc) will determine the Participant name that should be registered.

Please write the Participant name(s) here:

Holding Account (New Zealand Emission Unit Register)

A Participant must have an NZEUR Holding Account. The name of the NZEUR Account Holder must be identical to the Participant name entered above.

Please write the Holding Account Number here:

NZ –

## W Participant Contact Details

The Participant's legal status (e.g. natural person, company, partnership, joint ownership etc) will determine the Participant contact details required to be included in this notification.

### YOU CAN APPOINT AN AUTHORISED REPRESENTATIVE . . .

Please download and complete the Approval of Authorised Representative supplementary form from <http://www.maf.govt.nz/sustainable-forestry/ets/forms/authorised-representative.pdf> and include it with this application form.

### OR PROVIDE PARTICIPANT CONTACT DETAILS (PARTICIPANT WILL ALSO NEED TO SIGN THIS FORM) . . .

Joint Applicants (more than one individual, more than one company, a partnership, trust or combinations of these who jointly carry out an activity) will need to download and complete Joint Applicant Contact Details supplementary forms from <http://www.maf.govt.nz/sustainable-forestry/ets/forms/joint-applicant-contact-details.pdf> and include it with this application form.

Single Applicants (Participant is an individual, a company, a limited partnership) will need to fill in their contact details below:



Organisation (optional)	<input type="text"/>		
Title	<input type="text" value="£ Mr £ Mrs £ Ms"/>		
First Name(s)	<input type="text"/>		
Last Name	<input type="text"/>		
Preferred Telephone Number	Country <input type="text" value="(+ )"/>	Area Code <input type="text" value="( )"/>	Number <input type="text"/>
Alternate Phone Number (optional)	Country <input type="text" value="(+ )"/>	Area Code <input type="text" value="( )"/>	Number <input type="text"/>
Address (Line 1)	<input type="text"/>		
Address (Line 2) (optional)	<input type="text"/>		
Suburb	<input type="text"/>		
City	<input type="text"/>		
State (optional)	<input type="text"/>		
Postcode	<input type="text"/>		

Country

£ New Zealand or

£ Other \_\_\_\_\_

Email address

Fax (optional)

Country

Area

Number

(+ )

( )

Preferred Contact Method

£ Email £ Phone £ Mail/Post



Deforested Pre-1990 Land

Please list both the Legal Description(s) and Title Reference(s) of the Pre-1990 forest land that is being (or has been) deforested:

	Legal Description	Title Reference
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>

If you do not know the Title Reference, then please liaise with Land Information New Zealand before sending in this form. MAF will not process this notification if mandatory information is missing.

You can contact Land Information New Zealand at <http://www.linz.govt.nz/about-linz/contact-us/index.aspx> or Phone 0800 ONLINE (0800 665 463).

## y Declarations

Please tick you understand each of the following statements:

- £ If information supplied within your notification is required by the Inventory Agency or Registrar of the New Zealand Emissions Unit Register to carry out their functions under the Climate Change Response Act 2002, then the Chief Executive responsible for the operation of the Emissions Trading Scheme must supply that information to them. This information can only be used by the Inventory Agency or Registrar of the New Zealand Emissions Unit Register for the purposes of carrying out their functions under the Climate Change Response Act 2002.
- £ It is very important that you have completed this notification accurately and truthfully. If you provide any altered, false, incomplete or misleading information in or with this notification you commit an offence under the Climate Change Response Act 2002 and if convicted you may be liable to imprisonment or a fine up to \$50,000.



MAF will not process this form unless all declarations are ticked, and the form is signed.

## Signatures

Please complete **A** (if applicable) OR **B**

### **A** Authorised Representative Signature

If you have not already done so, please provide either an Authorised Representative form (available at <http://www.maf.govt.nz/sustainable-forestry/ets/forms/authorised-representative.pdf>), Power of Attorney, or other instrument appointing an agent.

Name (please print clearly)	Signature	Date
_____	_____	_____
Title (if applicable)	Organisation (if applicable)	
_____	_____	

OR

### **B** Participant Signature

The legal structure of the person comprising the Participant will determine who needs to sign this form (please see the table below):

Participant Legal Structure	Required to sign this form
Natural Person(s)	<u>Each and every</u> person
Limited Company	One Director
Trust	<u>All</u> Trustees
Partnership	<u>All</u> Partners
Limited Partnership, Incorporated Society, or Co-operative Company	One approved person
Government Department or Crown Entity	Chief Executive

Name (please print clearly)	Signature	Date
_____	_____	_____
Title (if applicable)	Organisation (if applicable)	
_____	_____	

Name (please print clearly)	Signature	Date
_____	_____	_____
Title (if applicable)	Organisation (if applicable)	
_____	_____	

Name (please print clearly)	Signature	Date
_____	_____	_____
Title (if applicable)	Organisation (if applicable)	
_____	_____	

Name (please print clearly)	Signature	Date
_____	_____	_____
Title (if applicable)	Organisation (if applicable)	
_____	_____	

Name (please print clearly)	Signature	Date
_____	_____	_____
Title (if applicable)	Organisation (if applicable)	
_____	_____	

Name (please print clearly)	Signature	Date
_____	_____	_____
Title (if applicable)	Organisation (if applicable)	
_____	_____	

Name (please print clearly)	Signature	Date
_____	_____	_____
Title (if applicable)	Organisation (if applicable)	
_____	_____	

If necessary, append additional pages of signatures.

## What happens next?

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Please post:

- £ this application form
- £ any supplementary forms

to:

Emissions Trading Scheme  
Ministry of Agriculture and Forestry  
PO Box 1127  
WELLINGTON 6140

We will be in contact regarding the outcome of your notification.

Office Use Only