



## Approved Research Provider Application form

JSE	this form to enrol for	Approved Research Provi	der status.					
1.	IRD Number	(8 digit numbers start in the second b	0.4 1.1.2.4.6.4.7.0					
2.	Name	(8 digit numbers start in the second b	OX. ( 1/2/3/4/5/0//8/ )					
3.	Trade Name (if applicable)							
4.	Street address					( )		
5.	Postal address (If different to Street address)	Number & Street	Suburb	City		Postcode ( )		
6.	Contact telephone number(s).	Number & Street/Post Box number	Suburb	City		Postcode		
7.	Email	Day	Mobile	After hours				
8.	Business website (if applicable)							
9.	Authorised person							
		Name	Role/pos	sition				
		( )						
		Contact phone number	email					
P	ease tick as applica	ble			YES	NO		
1.	The applicant is capable are eligible for research	of performing research and de & development tax credits.	velopment activities that					
2.	The applicant will be av activities on behalf of ot	ailable to carry out eligible research and development ner persons.						
3.	The applicant is availabl other persons not assoc	e to perform research and deve iated with them.	elopment activities on beh	nalf of				
4.	The applicant undertake of other persons at mark	ndertakes or will undertake research and development activities on behalf s at market value rates.						
5.		arrying out eligible research and development activities on behalf of others the applicant maintain appropriate and sufficient records to support the activities and the income expenditure incurred.						
6.	The applicant has facilities in New Zealand needed to perform research and development activities a. Address of primary research & development location (if applicable)							
7.	If you have additional areas of a	area of research expertise (e.g. sc expertise these can be added on page two s several areas eg if you are a University, y		ynertice' here				
			goa coala state a broad larige of e	Main code	Sub	code		
	ANZSRC codes ca	ant 4-digit ANZSRC code (s) n be found here: lusstats/abs@.nsf/Latestproducts/CF7ADB06FA	N2DFD69CA2574180004CB82?					
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Th	e applicant undertakes to	the details as displayed are true o meet the on-going eligibility r e applicant agrees to advise Inla	equirements. If the applica	ant no longer acticably possible.				
				Data	/ /			
ςi	gnature of the authorised	person		Date:				

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