



# AUNEW Anti-counterfeiting Label Licensee Application Form

## Applicants Information

Registered business name

Trading Names (if different from above):

Street Address

Postcode

Phone Number

Fax Number

Email

Website (if Applicable)

## Product List

Please list all products to bear AUNEW Anti-Counterfeiting Label, including Brand and product name (please include a separate page if you require further space), If you wish to add any products in the future, you will need to update immediately. This information is very important for our on-going monitoring activities in Chinese market.

Brand		Product Name
English	Chinese	

**Australian office:**

Level 10, 368 Sussex St. Sydney 2000  
Tel: 02 92614888 Fax: 02 92646799

[www.aunew.org](http://www.aunew.org)

**New Zealand office:**

12 Averton Pl. East Tamaki, Auckland  
Tel: 09 2721111 Fax: 09 2721100



## Fees and Payment

➤ Annual Licensee Fee: \$150

Payment by Credit Card:     Visa             MasterCard             Bankcard

Card Number

Expired date:       Card Holder's Name

Signature:

## Declarations

1. I do solemnly and sincerely declare that The AUNEW Anti-Counterfeiting label will be only apply to those products that meet the requirements on country of origin compliance criteria or guideline detailed in the Code of Practice (from ACCC of Australia) or Fair Trading Act (from Commercial Commission of New Zealand) .
2. I do solemnly and sincerely declare that all AUNEW Anti-Counterfeiting Label will be only applied to the listed products within Australia or New Zealand Territories. No loosed labels will be dispatched out of Australia or New Zealand Territories or to person or companies who are not AUNEW Anti-Counterfeiting label Licensee.
3. I do solemnly and sincerely declare that sufficient documentary records will be maintained to demonstrate the compliance of the listed products.
4. I agree to indemnify the ANZHC Association against any action or claim brought against the ANZHC Association as a result of my use of the AUNEW Anti-counterfeiting Label.
5. I have read and understood the AUNEW Anti-Counterfeiting Label Practice for the use of the AUNEW Anti-Counterfeiting Label and agree to be bound by the rules outlined in the ANZHCA Code of Practice.
6. I accept that Australia New Zealand Health Care Association or Aunew Export Group have right to take action such as suspending the Licensee, reporting to related authorities or even legal action to make sure that the label will not been abused.
7. That to the best of my knowledge the information provided in this application is true and correct.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Before me: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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