

# APPLICATION FOR APPROVAL



## NOTES

Complete this form if you are applying to have a finished commercial classified and approved for broadcast in New Zealand. For help completing this form call +64 9 373 2907.

Please note that additional information is required for alcohol products, medical or therapeutic products and financial services. See [www.commercialapprovals.co.nz](http://www.commercialapprovals.co.nz) for details.

Email the completed form to [advice@commercialapprovals.co.nz](mailto:advice@commercialapprovals.co.nz) or fax it to +64 9 373 2912 .

NAME OF ADVERTISER

DATE

KEY NUMBER

TITLE OF COMMERCIAL

TYPE\*

ORIGINAL KEY NUMBER\*\*

\* Is this an original commercial or a revision, cutdown or renewal of an existing commercial?

\*\* Required if this is a revision, cutdown or renewal of a commercial previously approved by CAB.

## CHILDREN'S FOOD (CF) CLASSIFICATION

Check box if you are applying for a Children's Food (CF) classification. Food and beverage products to be advertised during children's programming must meet certain nutritional standards. If you have not done so already, please complete a "Children's Food Product Pre-Approval" application and submit it with this form.

## YOUR CONTACT DETAILS

Name:

Phone number:

Email address:

Company name:

## INVOICE DETAILS

Company to be invoiced:

Purchase order or reference number:

## NEW CUSTOMER ACCOUNT DETAILS

Accounts department contact:

Phone number:

Email address:

Email address to send invoice:

Physical address:

Postal address (if different):