

# **KPIN REGISTRATION**

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| SECTION 1                                                                                              | The legal entity named on the Certificate of Title relating to this property.                                                            |                                                                        |  |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--|
| Landowner<br>Details for this<br>KPIN                                                                  | Landowner:                                                                                                                               |                                                                        |  |
|                                                                                                        | Mailing Address:                                                                                                                         |                                                                        |  |
|                                                                                                        | Telephone Number:                                                                                                                        |                                                                        |  |
|                                                                                                        | Email Address:                                                                                                                           |                                                                        |  |
| SECTION 2                                                                                              |                                                                                                                                          |                                                                        |  |
| Property Details                                                                                       | You need one Kiwifruit Property Identification Number (KPIN) per Valuation Reference Number (VRN) defined by Quotable Value New Zealand. |                                                                        |  |
| The total land area means the entire property under the VRN (not just the portion of land planted with |                                                                                                                                          | ust the portion of land planted with kiwifruit).                       |  |
|                                                                                                        | Orchard Name:                                                                                                                            | Registration Type:  Change of Ownership                                |  |
|                                                                                                        | Total Land Area (Ha.):                                                                                                                   | New Development                                                        |  |
|                                                                                                        | Valuation Reference No.:                                                                                                                 | Subdivision                                                            |  |
|                                                                                                        | Physical Orchard Address (Not RD Address):                                                                                               |                                                                        |  |
|                                                                                                        | Primary Contact Person:                                                                                                                  | Maturity Clearance Contact Person: (If different than Primary Contact) |  |
|                                                                                                        | Telephone Number:<br>Hm:                                                                                                                 | Telephone Number:<br>Hm:                                               |  |
|                                                                                                        | Wk:                                                                                                                                      | Wk:                                                                    |  |
|                                                                                                        | Mobile Number:                                                                                                                           | Mobile Number:                                                         |  |
|                                                                                                        | Email Address:                                                                                                                           | Email Address:                                                         |  |
|                                                                                                        |                                                                                                                                          |                                                                        |  |

KPIN:

| SECTION 3 Lessee        | Is the Orchard Leased? Y N                                                                                          |                     | o, continue to Section 4                               |
|-------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------|
| Details                 | If the orchard is leased, please complete the details in or more, the lessee holds the title to the crop on the vir | ne. Please provide  | the term of the lease of one year lease documentation. |
|                         | Lessee Name:                                                                                                        |                     |                                                        |
|                         | Phone:                                                                                                              |                     |                                                        |
|                         |                                                                                                                     |                     |                                                        |
|                         | Email:                                                                                                              |                     |                                                        |
|                         | Mailing Address:                                                                                                    |                     |                                                        |
|                         |                                                                                                                     |                     |                                                        |
|                         | Start Date: (DDMMYYYY)                                                                                              |                     |                                                        |
|                         | End Date: (DDMMYYYY)                                                                                                |                     |                                                        |
| SECTION 4               | To be completed if a person other than the Landowner or Lesse                                                       | e manages some or a | ll or the orchard's operations.                        |
| Orchard<br>Management   | Orchard Manager:                                                                                                    |                     |                                                        |
| Details                 | Phone Number:                                                                                                       |                     |                                                        |
|                         | Email Address:                                                                                                      |                     |                                                        |
|                         | Mailing Address:                                                                                                    |                     |                                                        |
|                         | Ivialility Address.                                                                                                 |                     |                                                        |
|                         |                                                                                                                     |                     |                                                        |
| SECTION 5 System Access | If known, please advise us of the facility that you plan to pack with:                                              |                     |                                                        |
|                         | Name of Facility                                                                                                    | Phone               | Email                                                  |
|                         |                                                                                                                     |                     |                                                        |
|                         |                                                                                                                     |                     |                                                        |
|                         |                                                                                                                     |                     |                                                        |
|                         | If known, please advise us of the Pest Monitoring Centre:                                                           |                     |                                                        |
|                         | Name                                                                                                                | Phone               | Email                                                  |
|                         |                                                                                                                     |                     |                                                        |
|                         |                                                                                                                     |                     |                                                        |
|                         |                                                                                                                     |                     |                                                        |

| KPIN: |  |
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### If known, please advise us of your Spray Contractor:

| L | Name | Phone | Email |
|---|------|-------|-------|
|   |      |       |       |

#### If known, please advise us of your Direct Applicator:

| ĺ | Name | Phone | Email |  |
|---|------|-------|-------|--|
| Ш |      |       |       |  |

#### **SECTION 6**

Use of your information

#### Use of your information

In order to manage our relationship with you and to meet our wider legitimate business purposes and interests, we need to use your personal information in certain ways, some of which are obvious and others less so. We will generally only use your information in the ways set out below. However, we may need to use your information in other ways if permitted or required by law. We may use your personal information to:

- manage our contractual relationship with you, including contacting you from time to time about your product or about the services Zespri can provide to you;
- provide any services you have requested from us;
- manage the product distribution and supply process;
- ensure the quality of your orchard and product;
- conduct research and development activities in respect of growers, products or orchards;
- develop marketing material about our growers;
- manage pest or disease outbreaks;
- ensure the health and safety of you and of our staff when they visit your property;
- respond to any lawful requests from government agencies, including the Ministry for Primary Industries, or law enforcement agencies; and
- work with industry bodies, including Kiwifruit NZ, NZ Kiwifruit Growers Incorporated and Kiwifruit Vine Health Incorporated.

### Disclosure of your information

We only share personal information with the agencies or types of agency listed below. If we receive a request for information from, or find that we need to disclose information to, an agency we have not anticipated, we will only share information if necessary to meet our legitimate interests or where otherwise required or permitted by law. We may share your personal information with:

- other entities within the Zespri International Group;
- our trusted information service providers, including cloud storage providers which may be located in NZ or overseas;
- our trusted providers of other services, including (without limitation) analytical, investigatory, audit, research or marketing services, where those services require the use or processing of personal information;
- relevant NZ or overseas industry bodies, including NZ Kiwifruit Growers Incorporated and Kiwifruit Vine Health Incorporated;
- Kiwifruit New Zealand, to enable that entity to carry out any of its regulatory functions;
- government agencies, including the NZ Ministry for Primary Industries, or law enforcement agencies, where required by law;
- Zespri distributors and customers, where necessary to satisfy traceability and/or classification requirements; or
- Any grower suppliers engaged to provide services in respect of your orchard.

Finding out more about your information

For more information about Zespri's privacy practices, including collection, use, disclosure and storage of personal information, see the Zespri Privacy Statement at https://www.zespri.com/en-NZ/privacypolicy

#### **SECTION 7**

Authorised Signature

## I certify that I am authorised to sign this form on behalf of the individuals or entities named above and that the information is correct.

| Print Name: |       |
|-------------|-------|
| Signature:  | Date: |