Kia ora Vaping Regulatory Authority, Ministry of Health

I, *(director/ shareholder full name)*, the principal, authorise *(full name of agent)* to be my agent for the purposes of any applications, annual returns or notifications submitted to the Ministry of Health in accordance with the Smokefree Environments and Regulated Products Act 1990 and the Smokefree Environments and Regulated Products Regulations 2021.

I acknowledge that I have agent *(name)* to make binding declarations and enter into legal agreements with the Ministry of Health on behalf of *(name of legal entity).*

I declare that I remain legally responsible for any undertakings, obligations, declarations entered into by my agent for the purposes mentioned above.

I declare that, to the best of my knowledge, the information I provide to my agent is true and correct.

I confirm the information provided by my agent to the Ministry of Health, in respect of the above-mentioned documents, applications and notifications is true, complete and correct.

I accept that the Ministry can take action against me if the information provided by my agent is incorrect or misleading.

*Please find enclosed the Agency Agreement between myself and my agent.*

Signed:

Name:

Title:

Company:

Date: