

**APPLICATION FOR REVIEW OF A DECISION UNDER
PART 10A OF THE FOOD ACT 2003**

This form is only to be filled out by an 'interested person' (as defined below) who is requesting the Authority to either correct, remove or add information published under Part 10A of the Food Act 2003

1. APPLICANT'S DETAILS			
Your full name:			
Home address:			
Phone/Mobile:		Fax:	
Email:			
2. COMPANY AND/OR BUSINESS DETAILS			
Company name:			
Trade name:			
Business address:			
Phone/Mobile:		Fax:	
Email:			
Title/Position:			
3. INTERESTED PERSON IN REVIEW			
<p><i>NB. A person is an 'interested person' in relation to information on a register only if the information relates to the person, or to the person's employee, or agent, or to a business or company which the person owns or has an interest in.</i></p> <p>Please tick ONE of the following:</p> <p><input type="checkbox"/> I am the owner of the business on the Register</p> <p><input type="checkbox"/> I am a director of the company on the Register</p> <p><input type="checkbox"/> The information relates to an employee of the business</p> <p><input type="checkbox"/> I am an agent of the business on the Register</p> <p><input type="checkbox"/> I have an interest in the business on the Register (financial, legal)</p> <p><input type="checkbox"/> My name is listed on the Register</p> <p><input type="checkbox"/> Information on the Register relates to me</p>			
<p>Nature and evidence of your interest: <i>(Please outline your interest below. Please provide evidence to support this claim, e.g. business registration certificate, evidence of sale).</i></p>			

4. TYPE OF REVIEW SOUGHT (PLEASE TICK)			
<input type="checkbox"/> Correction of information on the Register <input type="checkbox"/> Removal of information on the Register <input type="checkbox"/> Addition of new information on the Register			
The publication I want to be reviewed is:			
5. GROUNDS FOR APPLICATION			
<i>Please explain below why you are requesting a review – Use a separate piece of paper if required. NB. Please provide evidence to support your application where you can.</i>			
I am seeking a review of the decision because:			
6. DISCLOSURE OF INFORMATION			
<input type="checkbox"/> I authorise and understand that the NSW Food Authority or other body may be required to supply or receive information for the purposes of determining the review being sought.			
7. SIGNATURE			
Your signature:			
Print name:		Date:	
8. SENDING THIS FORM TO NSW FOOD AUTHORITY			
Please send this form to:		Offence Register Amendment NSW Food Authority PO Box 6682 Silverwater NSW 1811 Fax: 02 9647 0026	
For more information:		Tel: 1300 552 406 Email: contact@foodauthority.nsw.gov.au Web: www.foodauthority.nsw.gov.au	
OFFICE USE ONLY			
File number:			