

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 for details.

Email the completed form to advice@commercialapprovals.co.nz

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):