

# Application to Review Monthly Balance Notification



IMPORTANT: Please read the notes on the back of this form before completing it.

## Applicant Details

This is the person who wishes to request a review of the Monthly Balance Notification they were issued.

This is an application for review of a Monthly Balance Notification or Revised Section 80 Notification pursuant to section 80(2) of the Fisheries Act 1996

Review Number

FishServe use only

Client Number

Full legal name

## Review Details

Notification Number

Balance Month & Year

Month Year

Stock Code species   area	Details for Review		Amount on notification (in official units of measure)	Correct Amount (in official units of measure)	Stock Code species   area	Details for Review		Amount on notification (in official units of measure)	Correct Amount (in official units of measure)
	(g) Catch for Month	(h) Catch YTD				(g) Catch for Month	(h) Catch YTD		
	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>		
	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>		
	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>		
	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>		
	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>		

Reason for review

continue on a separate sheet if necessary

Have you attached supporting evidence or any separate sheets (if necessary)?

No

Yes

→ Number of pages attached

## Declaration

If there are more signatories than space provided make further declarations on a copy of this page.

I declare that:

- The information I have given on this application is true and correct.
- I am authorised to complete this form and make this declaration.
- I am aware it is an offence to provide false or misleading information or omit any material information.
- I have read and understood the Collection of Personal Information details supplied with this form.

Full Legal Name (Please PRINT)	Position	Signature	Date
			/ /
			/ /
			/ /
			/ /

### Important

- You may not submit a review outside of the review period (refer to notes below).
- You may not submit a review for a matter which has previously been reviewed. Pursuant to section 80(6) of the Fisheries Act 1996, you may appeal to a District Court against that review decision.
- You may not request a review of a matter in a Monthly Balance Notification which is no different from the previous month's notification.
- If the error was made by you when completing a new or amended Monthly Harvest Return (MHR), you may not use this form. You will need to submit a MHR Amendment form.
- You may not review ACE details on this form. You will need to make an application to correct the register. This form is available by contacting FishServe.

### Review Period

- Applications for review must be received by FishServe within 20 days of the start of the review period.
- If you received your Monthly Balance Notification or Revised Section 80 Notification by post, the review period begins seven days after the 'Date of Notification' specified on that notification.
- If you received your Monthly Balance Notification or Revised Section 80 Notification by fax or e-mail, the review period begins on the 'Date of Notification' specified on that notification.

### Notes - Review Details Section

#### Notification Number

This is the number of the monthly balance notification or the revised monthly balance notification that you wish to have reviewed. You may review one notification only on this form.

#### Balance Month and Year

This is the month and year of the notification you wish to have reviewed.

#### Details for review

You may only review the details of the following items on your Monthly Balance Notification:

- column "(g) Catch for the Month"
- column "(h) Catch YTD (Catch Year to Date)"

If you wish to review any of the details in column "(f) - Catch Adjustments" you must submit a review form for the "Revised Section 80 Notification" it was notified in.

#### Amount on Notification

The amount you are reviewing as shown on your Monthly Balance Notification.

#### Correct Amount

The amount in official units of measure, which you believe is the correct amount.

#### Reason for Review

The reason you are making this application - example: "For SNA1, the amount in notification is different from amount submitted in my Monthly Harvest Return".

### General Notes

- All information on this application must be typewritten or handprinted in legible letters using ink. Correction fluid may not be used.
- All amendments must be initialled.
- You will be notified of the outcome of this application.
- Please send this document by post to FishServe, P.O. Box 297, Wellington, or deliver in person to level 6, Eagle Technology House, 135 Victoria Street, Wellington 6011.
- If you have any queries regarding this form, please contact the FishServe helpline on 04 460 9555.

### Collection of Personal Information

In regard to any information being collected on this form that is personal information, notification is hereby provided, in accordance with Principle 3 of the Privacy Act 1993 of the following matters:

This information is being collected for purposes relating to the management of fisheries resources in accordance with the Fisheries Act 1996 and regulations made pursuant to the Act.

The agency that will collect the information is FishServe (Commercial Fisheries Services Ltd) (P.O. Box 297, Wellington) and the Ministry of Fisheries. Some personal information will also be recorded on publicly available registers.

It is an offence under the Fisheries Act 1996 to make a false or misleading statement or entry of information. Penalties are set out in the Fisheries Act 1996.

You are reminded that under Principles 6 and 7 of the Privacy Act 1993, you have the right of access to, and correction of, any personal information which has been provided.

### FishServe Use Only

OFFICE USE ONLY

Fee paid \$ \_\_\_\_\_

Receipt No. \_\_\_\_\_

Initials \_\_\_\_\_

Fee required \$ \_\_\_\_\_

Data Entry completed \_\_\_\_ / \_\_\_\_ / \_\_\_\_

DATE RECEIVED