

EASE OF USE PRODUCT/PACKAGE APPLICATION FORM	
Company Name	
Address	
Postal address if different to above	
Company's Registration No.	
Are you seeking to register a package or product	Package/product (delete one)
Contact name	
Work phone	
Mobile phone	
Description of product/package	
Do you want to register with New Zealand, Australia or Joint	New Zealand/Australia/Joint (please delete that not applicable)

Please return this completed form to:

Rob Mitchell

Arthritis New Zealand

P O Box 10020

WELLINGTON

Or email to Rob.mitchell@arthritis.org.nz