

4. UNDERTAKING / DECLARATION

Having applied for the status of Affiliate Cluster Group of IBANZ I acknowledge reading the Constitution and Rules of IBANZ and hereby undertake to abide by and comply with the relevant parts of the Constitution and Rules including the Code of Professional Conduct.

Signature: _____

Date: ____/____/____

Name of Person Signing: _____

Position of Person Signing: _____

Please forward the completed form to:

info@ibanz.co.nz or

***Chief Executive
IBANZ Inc
P O Box 302504, North Harbour
AUCKLAND 0751***