

APPLICATION FOR AFFILIATE CLUSTER GROUP

	NAME OF APPLICANT CLUSTER GROUP
	ADDRESS OF PRINCIPAL PLACE OF BUSINESS
	Street Address:
	Post Code:
	Postal Address:
3.	Post Code:
	Contact Telephone Number(s):
	Facsimile Number:
	E-Mail Address:

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