



APPLICATION FOR AFFILIATE INDIVIDUAL

1. FULL NAME OF APPLICANT

Preferred Title: Mr Mrs Ms Miss (Please Specify)

**2. REASONS FOR APPLYING FOR AFFILIATE STATUS OF
THE INSURANCE BROKERS ASSOCIATION OF NEW ZEALAND INC. (IBANZ)**

3. PRESENT EMPLOYER

Month and Year commenced: _____ / _____

Street Address: _____

Post Code: _____

Postal Address: _____

Post Code: _____

Contact Telephone Number(s): _____

E-Mail Address: _____

4. EMPLOYMENT HISTORY AS INSURANCE BROKER (If applicable)

(i) On the staff of General Broking Firms in NZ or overseas:

Firm	Month & Year	Employment Start & Ended	Period (Years)
_____	____/____	____/____	_____
_____	____/____	____/____	_____
_____	____/____	____/____	_____
_____	____/____	____/____	_____

(ii) Total years worked on the staff of IBANZ member firms or equivalent _____

5. INSURANCE QUALIFICATIONS (If appropriate)

6. UNDERTAKING / DECLARATION

Having applied for the status of Affiliate 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.

I confirm I have a current professional development plan in place. (please tick)

Full Name: _____

Title: _____

Date of Birth: ____/____/____ FSP no (if appropriate) _____

Signature: _____

Date: ____/____/____

Please forward the completed form to:
info@ibanz.co.nz or

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

Pursuant to the Privacy Act 2020, the following is brought to your attention:

- This application collects personal information about you;
- The information is collected to evaluate your eligibility as an Affiliate of IBANZ.
- The intended recipients of the information are the IBANZ staff and Board
- The information is being collected and held by IBANZ Inc.
- You have the rights to access to, and correction of, this information subject to the provisions of the Privacy Act 2020