



**4. ADDRESS OF PRINCIPAL PLACE OF BUSINESS**

Street Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Contact Telephone Number(s): \_\_\_\_\_

Facsimile Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**5. UNDERTAKING / DECLARATION**

Having applied for the status of Affiliate Organisation 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](mailto:info@ibanz.co.nz) or***

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