



## APPLICATION FOR CORPORATE MEMBERSHIP

Please note: An application fee of \$250.00 + GST is required with this application or by DC to IBANZ 01 0102 0616789 00 to process this Corporate Membership application.

A receipt will be forwarded to you.

*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**

**1/ NAME OF APPLICANT** \_\_\_\_\_

If a firm then give the name of the Principal. If a Partnership give the name of the Nominee Partner. If a Sole Trader give the name of the Sole Trader:

\_\_\_\_\_

Is the occupation of the applicant firm is predominantly Fire and General Insurance Broking and/or Risk Management? **NO/YES**

If **NO** what percentage of Income is from Fire and General Insurance Broking and/or Risk Management \_\_\_\_\_%

**2/ PLEASE LIST THE NAMES OF ALL SUBSIDIARY AND/OR ASSOCIATED FIRMS**

Please note that a separate application is required for all subsidiary companies who wish to avail themselves of membership of the Association.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3/ ADDRESS OF PRINCIPAL PLACE OF BUSINESS**

Physical Address (including post code): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal address if different from above (including post code): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

E-mail Address (of CEO): \_\_\_\_\_

Website: \_\_\_\_\_

**4/ NAME OF CHIEF EXECUTIVE OFFICER OR EQUIVALENT FOR COMMUNICATIONS AND VOTING**

Name: \_\_\_\_\_

Position Held: \_\_\_\_\_

To be completed only if different from above:

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

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Date upon which applicant commenced insurance broking: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**The Chief Executive Officer, or equivalent, of the Applicant Firm must be an insurance broker and must make application for membership of The Insurance Brokers Association of New Zealand Inc.**

**5/ NAME OF THE DESIGNATED QIB PERSON (Refer Rules for Criteria)**

Name: \_\_\_\_\_

**6/ NAME OF THE ACCOUNTANT WHO PREPARES YOUR ANNUAL ACCOUNTS**

Firms Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**7/ BALANCE DATE**

Date of annual balance: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**8/ NUMBER OF STAFF INCLUDING WORKING PRINCIPALS**

The total must cover all principals and employees working 20 hours per week or more engaged either in part or in total in the activities of insurance broker, or risk manager, claims, premium funding. This includes administration staff associated with these activities.

No. of Staff Under 35yrs	<input type="text"/>
No. of Staff 36-55yrs	<input type="text"/>
No. of Staff Over 55yrs	<input type="text"/>
<b>Total Staff as at 31 March:</b>	<input type="text"/>
No. of Financial Advisers (per the FSPR)	<input type="text"/>

**9/ FINANCIAL ADVICE LICENSE**

Please confirm whether, in respect of the financial advice regime which came into force 15<sup>th</sup> March 2021 you:

Are operating under another FAPs transitional license as an Authorised Body	<b>No/Yes</b>
Are operating under your own transitional license as a FAP	<b>No/Yes</b>
Do not provide financial advice to retail clients so do not have a transitional license	<b>No/Yes</b>

**10/ PROFESSIONAL INDEMNITY INSURANCE & DISHONESTY OF EMPLOYEES**

Please confirm Professional Indemnity is not less than NZD 5,000,000 **No/Yes**

Please confirm the professional indemnity policy is current **No/Yes**

**Professional Indemnity Insurance** (Please provide Certificate of Currency)

Amount of Cover: NZD \_\_\_\_\_

Insurer: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Amount of Deductible: NZD \_\_\_\_\_

**Please attach certificate of currency that confirms limit signed by Insurer.**

**11/ DIRECTOR DETAILS**

Names of Directors:

- |         |         |
|---------|---------|
| 1 _____ | 2 _____ |
| 3 _____ | 4 _____ |
| 5 _____ | 6 _____ |
| 7 _____ | 8 _____ |

**12/ SHAREHOLDING DETAILS**

Names of Shareholders and Percentages held:

Please note that if the shares are held in the name of a nominee then full details of this nominee must be given.

- |           |           |
|-----------|-----------|
| 1 _____ % | 2 _____ % |
| 3 _____ % | 4 _____ % |
| 5 _____ % | 6 _____ % |
| 7 _____ % | 8 _____ % |

Details of any cross guarantees that may have a direct effect on the operation of the company.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**13/ UNDERWRITERS**

List the names of two insurance companies (not including Underwriting Agencies) with whom you transact business under Broking or Agency Agreements.

**Letters of endorsement from these two underwriters signed by their CEO must accompany any new application for membership, confirming that they transact insurance business with the applicant and are happy to continue to do so.**

1. Underwriter: \_\_\_\_\_

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

\_\_\_\_\_

Refer To: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Underwriter: \_\_\_\_\_

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

Refer To: \_\_\_\_\_ Telephone: \_\_\_\_\_

Has any Insurance Company or Underwriter with whom you have transacted business ever cancelled or refused to grant you an Agency/Broker Agreement or facility? **NO/YES**

**If YES please give reasons and/or If yes please give reasons and or circumstances:**

\_\_\_\_\_  
\_\_\_\_\_

#### 14/ SOLVENCY

a) State the name and postal address of the applicant firm's bankers.

\_\_\_\_\_  
\_\_\_\_\_

b) Does the applicant firm operate separate Bank accounts for:

- Trading Account\* **NO/YES**
- Premium Account\* **NO/YES**

c) Is premium funding undertaken from the Premium Account? **NO/YES**

**If YES, please advise details:**

\_\_\_\_\_  
\_\_\_\_\_

**\* Please attach copies of deposit slips or other document evidencing each Account**

d) Have you or the applicant or its other principals ever made arrangements or composition with its creditors? **NO/YES**

**If YES, please provide particulars, date and place:**

\_\_\_\_\_  
\_\_\_\_\_

e) Has the applicant ever had a receiving order made against it or a compulsory winding up order? **NO/YES**

**If YES, give particulars, date and place:**

\_\_\_\_\_  
\_\_\_\_\_

f) Has a receiver of the property of you, the applicant or its principals, ever been appointed by the court or by debenture-holders? **NO/YES**

**If YES, give particulars, date and place:**

\_\_\_\_\_  
\_\_\_\_\_

g) Have you, the applicant or its other principals ever been the subject of criminal legal proceedings? **NO/YES**

**If YES, give particulars, date and place:**

\_\_\_\_\_  
\_\_\_\_\_

h) Have you, the applicant or other principals ever been declined membership or been expelled from an Industry Association? **NO/YES**

**If YES, please give details:**

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i) Are you, the applicant or its other principals aware of any previous, current or pending criminal prosecutions made against the applicant or its principals? **NO/YES**

**If YES, please provide details:**

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### **15/ AFFILIATIONS**

Is the applicant affiliated (e.g. by membership or franchise) to any other organisation or Association **NO/YES**

**If YES supply details:**

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### **16/ UNDERTAKING/DECLARATION**

This application must be signed in the following manner. In the case of a Corporation, the Chief Executive Officer. In the case of a Partnership, by its nominee partner. In the case of a Sole Trader, by the Sole Trader.

a) (Name of applicant) \_\_\_\_\_

having applied for membership/renewal of membership as a Corporate Member of The Insurance Brokers Association of New Zealand Inc. acknowledges having inspected the Constitution and Rules and Code of Practice of The Insurance Brokers Association of New Zealand Inc., hereby undertakes to abide by, comply with and conform to the Constitution and Rules and Code of Practice of The Insurance Brokers Association of New Zealand Inc., the Insurance Intermediaries Act 1994 and any amendments, together with all other relevant legislation.

b) It is also understood and agreed that a random visit to a Member's place of business may be carried out by a representative of the Board of IBANZ to check on compliance with Membership requirements (unless the Member is externally audited).

c) The Premium Income Declaration for the 12 month period ending \_\_\_\_ / \_\_\_\_ / \_\_\_\_ has been sent to the Chief Executive Officer under separate cover.

d) In addition to negotiating contracts of insurance and reinsurance, the applicant also engages in the following activities:

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**e)** It is clearly understood that the IBANZ Rules do not normally allow for a refund of Membership levies. The following is stated in the Rules "A Member who ceases to be a Member is not entitled to the return of any monies paid by way of entrance fees or subscription provided that in the case of retirement of a Member or the sale of the Corporate Member's corporate business to another Corporate Member, the Board may in its absolute discretion consider a partial refund of the current year's subscription."

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

This application collects personal information about you and your Shareholders / Directors;

The information is collected to evaluate your firm's eligibility for renewal of membership;

The intended recipients of the information are:

- IBANZ Board, Chief Executive & Staff
- IBANZ Membership Committee (excluding information on premium income)

The information is collected and held by The Insurance Brokers Association of New Zealand Inc.

You have the rights to access, and correction of, this information subject to the provisions of the Privacy Act.

I/We agree to The Insurance Brokers Association of New Zealand Inc. releasing to other parties, personal information regarding this application.

**Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Name of person signing:** \_\_\_\_\_

**Position of person signing:** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

**17/ PROPOSER AND SECONDER (for New Membership application only)**

Name of **Proposer:** \_\_\_\_\_

Member Firm: \_\_\_\_\_

**Proposers Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of **Seconder:** \_\_\_\_\_

Member Firm: \_\_\_\_\_

**Seconders Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<p><b>Proposer and Seconder must be current IBANZ members. They must each write a letter of recommendation which states how long they have known the applicant and the reasons why they believe the applicant is suited to be a member of The Insurance Brokers Association of New Zealand Inc. These letters must accompany the application.</b></p>
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## PREMIUM INCOME DECLARATION

### CONFIDENTIAL

[info@ibanz.co.nz](mailto:info@ibanz.co.nz) or

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

Our total premium income, excluding GST and EQC and FSL levies during the twelve month period ended /\_\_\_\_\_/\_\_\_\_\_ was:

- |    |             |           |
|----|-------------|-----------|
| a) | Direct      | NZD _____ |
| b) | Reinsurance | NZD _____ |
| c) | Life        | NZD _____ |

**TOTAL (excl GST, EQC and FSL)**                      **NZD \_\_\_\_\_**

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

This information will be used for statistical purposes only and the details will be kept **confidential** to the office of the IBANZ.