

APPLICATION FOR AFFILIATE ORGANISATION

1.	FULL NAME OF APPLICANT ORGANISATION
2.	MAIN ACTIVITIES OF THE ORGANISATION
3.	WHAT PERCENTAGE OF YOUR COMPANIES TIME IS SPENT ON GENERAL INSURANCE%
4.	REASONS FOR APPLYING FOR AFFILIATE STATUS OF THE INSURANCE BROKERS ASSOCIATION OF NEW ZEALAND INC. (IBANZ)

5. A	DDRESS OF PRINCIPAL PLACE OF BUSINESS
St	treet Address:
Р	ost Code:
Р	ostal Address:
Р	ost Code:
C	ontact Telephone Number(s):
Fa	acsimile Number:
E	-Mail Address:
6. U	NDERTAKING / DECLARATION
С	aving applied for the status of Affiliate Organisation of IBANZ I acknowledge reading the onstitution and Rules of IBANZ and hereby undertake to abide by and comply with the elevant parts of the Constitution and Rules including the Code of Professional Conduct.
Signa	ture:
Date:	
Name	e of Person Signing:
Positi	on of Person Signing:
Pleas	se forward the completed form to:

Chief Executive IBANZ Inc P O Box 7053, Wellesley Street AUCKLAND 1141