



#### 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:***

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