

5. ADDRESS OF PRINCIPAL PLACE OF BUSINESS

Street Address: _____

Post Code: _____

Postal Address: _____

Post Code: _____

Contact Telephone Number(s): _____

Facsimile Number: _____

E-Mail Address: _____

6. 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:

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