



APPLICATION FOR AFFILIATE ENTITY

(this Affiliate application form is designed only for applicants of affiliates that are a cluster or network group or other organisation)

Payment of \$115.00 (including GST), as an application processing fee, is required with this Affiliate application. Please pay to IBANZ 01 0102 0616789 00 by online banking. A receipt will be sent to you.

Please forward the completed application form to info@ibanz.co.nz or mail to:

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

Affiliated entities are entitled to many of the privileges of membership but they are not entitled to vote and cannot hold a proxy nor can they display the IBANZ logo. They cannot take part in the management of IBANZ or hold any office within IBANZ unless the Board, in its absolute discretion, determines otherwise.

1) PLEASE SELECT WHICH CATEGORY OF AFFILIATE YOU ARE APPLYING FOR (SELECT ONE CATEGORY):

BROKER NETWORK

A Body Corporate or other entity with a formal agreement in common with two or more of IBANZ Corporate Members for the purpose of Fire and General Insurance Broking and/or Risk Management Business activities.

OTHER ORGANISATIONS

An entity who is recognised by the Board from time to time as being committed to similar objectives as IBANZ. For example, this could be a company that does not hold agencies with the required number of insurance companies.

2) NAME OF APPLICANT

Please give the full legal name of the company or organisation.

Is the occupation of the Applicant predominantly
Fire & General Insurance Broking and/or Risk Management
(Insurance Broking)?

Yes

No

If 'No' what percentage of income/revenue is from
Fire & General Insurance Broking and/or Risk Management?

%

**3) PLEASE LIST, OR ATTACH A LIST OF, THE NAMES OF ALL SUBSIDIARY,
ASSOCIATED AND/OR MEMBER FIRMS**

Please note that a separate application is required for all subsidiary, associated and/or member companies who wish to avail themselves of membership of or affiliation with IBANZ.

4) ADDRESS OF PRINCIPAL PLACE OF BUSINESS

Physical Address (including post code):

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

Telephone Number(s):

Name of CEO or equivalent:

E-mail Address (of CEO):

Website Address:

**5) IF THE APPLICANT'S ACTIVITIES INCLUDE INSURANCE BROKING, WHAT DATE DID
THE APPLICANT COMMENCE INSURANCE BROKING?**

6) FINANCIAL ADVICE LICENSE (MANDATORY RESPONSES REQUIRED)

a) Please confirm, with regards to the Financial Advice Provider (FAP) you operate under

The FAP name as it appears on the Financial Service
Provider Register (FSPR)

The FSP number of that FAP

That your business is compliant with all requirements of that FAP's licence.
If No, please provide details below: (please continue separately if needed)

OR

b) If your business does not provide financial advice to retail clients and does not
operate under or hold a FAP licence, select No here.

7) IF THE APPLICANT'S CURRENT ACTIVITIES DO NOT INCLUDE INSURANCE BROKING (FIRE & GENERAL AND/OR LIABILITY), PLEASE DESCRIBE THE APPLICANT'S ACTIVITIES

8) DOES THE APPLICANT INTEND TO INCLUDE INSURANCE BROKING (FIRE & GENERAL AND/OR LIABILITY) AS ONE OF THEIR ACTIVITIES IN THE NEXT 12 MONTHS?

Yes No

9) HOW IS THE APPLICANT COMMITTED TO SIMILAR OBJECTIVES AS IBANZ AND WHAT ARE THE REASONS FOR SEEKING THIS AFFILIATION?

10) IF THE APPLICANT TRANSACTS BUSINESS UNDER BROKING OR AGENCY AGREEMENTS WITH INSURANCE COMPANIES:

Please list the names of two insurance companies (not including Underwriting Agencies) with whom you transact business under Broking, Agency or Distribution Agreements:

Has any Insurance Company or Underwriter with whom you have transacted business ever cancelled or refused to grant you an Agency/Broker/Distribution Agreement or facility?

Yes No

If 'Yes', please give reasons and circumstances:

11) UNDERTAKING/DECLARATION

Having applied for this Affiliation with IBANZ I acknowledge I have read the [Constitution and Rules](#) of IBANZ and hereby undertake to abide by and comply with the relevant parts of the Constitution and Rules, and the [Code of Professional Conduct](#).

I consent to becoming an Affiliate of IBANZ.

Signature:

Date Signed:

Name of person signing:

Position of person signing:

Name of Applicant:

YOUR PRIVACY

Pursuant to the Privacy Act 2020 (the Act), the following is brought to your attention:

- This Application collects personal information about you;
- The information is collected to evaluate your eligibility for membership;
- The intended recipients of the information are the IBANZ staff and Board;
- The information is being collected and held by IBANZ Inc;
- You have rights to access to and correction of this information subject to the provisions of the Act.