

APPLICATION FOR AFFILIATE INDEPENDENT INTERNATIONAL

To be forwarded to:

info@ibanz.co.nz or

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

Facsimile Number:_____

1.	NAME OF APPLICANT
2.	PLEASE PROVIDE THE NAME, CONTACT DETAILS AND YOUR STATUS OF YOUR INDUSTRY ASSOCIATION
3.	ADDRESS OF PRINCIPAL PLACE OF BUSINESS
	Street Address:
	Post Code:
	P O Box Number:
	Post Code:
	Telephone Number(s):

	E-Mail/Internet Number:
4.	PROPOSER AND SECONDER
	The Applicant is proposed and seconded by the following two persons who are both individual members of IBANZ and have both signed this form.
	Proposer's Signature:
	Proposer's Name:
	Proposer's Firm:
	Seconder's Signature:
	Seconder's Name:
	Seconder's Firm:
5.	UNDERTAKING/DECLARATION
	Name of Applicant:
	Having applied for the status of Affiliate Independent International 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 Signed:	
Name of Person Signing:	
Position of Person Signing:	