



## ELEVATION IN MEMBERSHIP STATUS APPLICATION

1/ Surname \_\_\_\_\_  
 First Names \_\_\_\_\_  
 Work Title \_\_\_\_\_  
 Membership Number \_\_\_\_\_

2/ Insurance Qualifications **Level 5 in Financial Services QIB ANZIIF**  
 (or equivalent) **Please attach evidence of appropriate qualifications**

3/ Present Employer: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_  
 Email address: \_\_\_\_\_

4/ Month and Year I commenced my present employment \_\_\_\_\_

5/ Previous employment **TOTAL YEARS EXPERIENCE:** \_\_\_\_\_

(i) on the staff of Fire & General Broking Firms in New Zealand or overseas firms is as follows:

Firm	Month & Year Employment Commenced and Ended		Years
_____	19	19	_____
_____	19	19	_____
_____	19	19	_____
_____	20	20	_____

(ii) The total number of years worked in non-life insurance industry \_\_\_\_\_

(iii) The total number of years worked as an insurance broker \_\_\_\_\_

6/ I believe that my status should be that of: **Member / Associate / Fellow**  
**(refer membership criteria )**

I apply for a change in my membership status.

Signature of Applicant \_\_\_\_\_

\_\_\_\_\_  
(Date)

***Pursuant to the Privacy Act 2020, 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 the rights to access to, and correction of, this information subject to the provisions of the Privacy Act 2020.***

***Please forward the completed form to:***

***[info@ibanz.co.nz](mailto:info@ibanz.co.nz) or***

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



## IBANZ INDIVIDUAL MEMBERSHIP CRITERIA

### **FELLOWS**

Every candidate for election or transfer to the class of Fellow shall satisfy the IBANZ Board that the following conditions are fulfilled:

- qualified by examination in Level 5 in Financial Services or as a Senior Associate of ANZIIF (or equivalent approved body) and who has ten (10) years continuous experience as an Insurance Broker; or
- at least fifteen (15) years continuous experience as an Insurance Broker.

In order to successfully apply for Fellowship the applicant must hold current Qualified Insurance Broker QIB status (or any other continuing education equivalent subsequently adopted).

Upon admission as a Fellow the Member may use the initials **FIBANZ**.

### **ASSOCIATES**

Every candidate for election or transfer to the class of Associates shall satisfy the IBANZ Board that the following conditions are fulfilled:

- had at least ten (10) years continuous experience in the non-life insurance industry and
- is able to demonstrate that he or she has at least five (5) years in total experience as an Insurance Broker

A successful applicant for Associate must hold current Qualified Insurance Broker QIB status (or any other continuing education equivalent subsequently adopted).

Upon admission as an Associate the Member may use the initials **AIBANZ**

### **MEMBERS**

Every candidate for election to the class of Member shall satisfy the IBANZ Board that the following conditions are fulfilled:

Any employee of an IBANZ member firm is entitled to apply for Individual membership.