



APPLICATION FOR MEMBERSHIP STATUS

Surname

First names

Job title

IBANZ Membership No.

Qualifications

(attach evidence)

NZ Cert Financial Services (Level 5)

Yes

No

Other (write details including provider)

Current employer

Employer postal address

Work email address

Employment record

(most recent three employers only)

Employer name

Month/Year
commenced

Month/Year
ended

Total number of years working in the insurance profession

Total number of years working for an insurance broker business

What is your current Professional Status level?

PQIB

CQIB

Membership Status

Requested

(see criteria on next page)

Individual Member

Associate
(AIBANZ)

Fellow
(FIBANZ)

I apply for or request a change to the Membership Status shown above.

Signature

Date

Please send your application and evidence of qualification(s) to [IBANZ](#)

IBANZ INDIVIDUAL MEMBERSHIP STATUS CRITERIA

Individual Member of IBANZ

Any employee of an IBANZ member firm is entitled to apply for Individual Membership. Every applicant for election as an Individual Member shall satisfy the IBANZ Board that the following conditions are fulfilled:

Associate of IBANZ

Every applicant for election or transfer to the Membership Status of Associate shall satisfy the IBANZ Board in its absolute discretion that the following conditions are fulfilled:

1. has at least ten (10) years continuous experience in the Fire & General and/or Liability insurance profession; **and**
2. is able to demonstrate that they have at least five (5) years in total experience as a Fire & General and/or Liability insurance broker and/or risk manager; **and**
3. as a minimum, a successful applicant for Associate status must be qualified with a New Zealand Certificate in Financial Services (Level 5) or an equivalent qualification **and** hold current Professional Qualified Insurance Broker (QPIB) status or other equivalent status accepted by the IBANZ Board.

Upon admission as an Associate Member may use the post-nominal initials **AIBANZ**.

Fellow of IBANZ

Every applicant for election or transfer to the Membership Status of Fellow shall satisfy the IBANZ Board in its absolute discretion that the following conditions are fulfilled:

1. qualified with a New Zealand Certificate in Financial Services (Level 5) or an equivalent qualification and has at least ten (10) years continuous experience as a Fire & General and/or Liability insurance broker and/or risk manager; **and**
2. as a minimum, a successful applicant must hold current Chartered Qualified Insurance Broker (CQIB) status or any equivalent status accepted by the IBANZ Board; **or**
3. has at least fifteen (15) years continuous experience as a Fire & General and/or Liability insurance broker and/or risk manager and can provide evidence from their employer that they only give advice to wholesale clients only.

Upon admission as a Fellow the member may use the post-nominal initials **FIBANZ**.

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.

Submission Checklist

(please ensure all these items are completed and included with your application):

- IBANZ Membership Status Application Form;
- A copy of your up-to-date CV which details a history of your insurance working experience;
- A copy of your qualification certificate(s) (example NZ Certificate in Financial Services (Level 5) or equivalent);
- If no qualification, a letter from your employer that you provide advice to wholesale clients only.

All applications and consideration for acceptance by the IBANZ Board in its absolute discretion.