

APPLICATION FOR CIB PROFESSIONAL STATUS

(this application form is designed <u>only</u> for applicants of the Chartered Insurance Broker (CIB) Professional Status, being those applicants who <u>do not</u> provide regulated financial advice to Retail Clients)

Surname				
First names				
Job title				
IBANZ Membership No.	FSI	P Number		
Qualifications (include NZ and overseas qualifications and attach evidence)	Qualification Name	e	Provider/Instit	ute
Current employer				
Employer postal address				
Work email address	Ph	one number		
Employment record (most recent three employers only) (attach your up-to-date CV)	Employer name		Month/Year commenced	Month/Year ended
Total number of years working in th	e insurance profession			years
The number of continuous years working as an insurance broker				years
Number of hours completed for IBA (this information is available from your o	·			hours
I apply for the CIB Professional Statu	s and declare the informatio	n given is true and corre	ect.	
Signature	Da	te		
Verification that the applicant does	not provide regulated fina	ancial advice to Retail (Clients:	
Verifier's Name	Ve	rifier's Position		
Verifier's Signature	Da	te		
Please send your application and e	vidence of qualification(s) t	to <u>IBANZ</u>		



IBANZ CIB PROFESSIONAL STATUS CRITERIA

To qualify for CIB Professional Status with IBANZ applicants must meet the following criteria:

You must be an Individual Member of IBANZ.

If you are not currently a member of IBANZ, please check that your employer is a <u>Corporate Member</u> of IBANZ and follow steps 1 to 5 shown on page 3 of these guidelines.

The <u>IBANZ Code of Professional Conduct</u> applies to all Individual Members of IBANZ. The IBANZ Code is aligned to the FSLAA Code of Professional Conduct for Financial Advice Services. The IBANZ Code imposes additional standards that apply in all circumstances, including when providing advice to non-Retail Clients.

Chartered Insurance Broker (CIB)

CIB Professional Status is intended only for Individual Members of IBANZ who <u>do not</u> have the NZ Certificate Financial Services (Level 5) qualification and therefore do not provide regulated financial advice to Retail Clients.

The challenges insurance brokers face in our profession requires the continual raising of standards relating to competency, knowledge, capability and ethical practice. CIB status demonstrates and reinforces your professionalism to clients, colleagues and competitors, as well as the public generally.

Minimum Criteria for CIB Status

- 1. Membership must be an Individual Member of IBANZ for at least 2 years immediately prior to application; and
- 2. Experience 10 years continuous broking experience; and
- 3. CPD requirement plan and complete a minimum 15 IBANZ rated CPD hours annually, of which 1 CPD hour must be from the available IBANZ Conduct & Ethics CPD topics on our website; and
- 4. Leadership activities contribution through insurance related education, mentoring, publications, presentations, technical work or research and similar activities.

Retention of CIB Status

To retain CIB Professional Status Members must be able to evidence they have met the CPD requirement each calendar year.

If a member does not achieve the CPD required in a year their status lapses and they must cease using the CIB post-nominal.

Nomination and Ethical Standing Requirement

All applicants for a Professional Status must be able to overcome any written objection lodged by any member relating to their professionalism and business ethics, **and**

be nominated for the requested Professional Status by a Professional Qualified Insurance Broker (PQIB) or a Chartered Insurance Broker (CIB) or a Chartered Qualified Insurance Broker (CQIB) who, in the case of an employee applicant, is a director or senior manager of the Corporate Member firm in which they are employed. Please include a letter of nomination from your director or senior manager with this application.

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.

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Submission Checklist

(please ensure all these items are completed and included with your application):
☐ IBANZ CIB Professional Status Application Form, co-signed by a Director or CEO or FAP authorised person or similar person other than the applicant;
☐ A copy of your up-to-date CV which details a history of your insurance working experience;
\square A copy of your qualification certificate(s) (for example Diploma or Degree certificate(s) or equivalent);
☐ Evidence of your IBANZ CPD hours required and completed in the 12 months immediately prior to this application;
☐ A letter of nomination from your Director or senior manager;
☐ Verification that you do not provide regulated financial advice to Retail Clients;
☐ Evidence of the leadership activities you have undertaken over the last three years.

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

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