



## APPLICATION FOR AFFILIATE INDIVIDUAL MEMBERSHIP

Please forward the completed application form to [info@ibanz.co.nz](mailto:info@ibanz.co.nz) or mail to:

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

### 1) I AM APPLYING FOR AFFILIATE INDIVIDUAL MEMBERSHIP OF INSURANCE BROKERS ASSOCIATION OF NEW ZEALAND INC (IBANZ).

This is one of four categories of Affiliate Membership offered by IBANZ. Affiliated companies and individuals are entitled to many of the privileges of membership except they cannot take part in the management of IBANZ or hold any office within IBANZ unless the Board, in its absolute discretion, determines otherwise. Affiliates are not entitled to vote and cannot hold a proxy.

Affiliate Individual Membership is for a person who is recognised by the Board from time to time as being committed to similar objectives as IBANZ. For example, this could be an individual who does not hold agencies with the required number of insurance underwriters.

### 2) NAME OF APPLICANT *Please give your full name.*

Is the occupation of the Applicant predominantly Fire & General Insurance Broking and/or Risk Management?	Yes	No
If 'No' what percentage of income/revenue is from Fire & General Insurance Broking and/or Risk Management?		%

### 3) ADDRESS OF PRINCIPAL PLACE OF BUSINESS Physical Address (including post code):

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

Telephone Number(s):

E-mail Address:

Website Address:

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

**5) FINANCIAL ADVICE LICENSE (MANDATORY RESPONSES REQUIRED)**

Please confirm, in respect of the financial advice regime which came into force on 16 March 2023, whether you:

Are operating under another FAPs full license as an Authorised Body Yes    No

If 'Yes', what is the legal name of the full licence holder?

If 'Yes', what is their FAP Licence number?

Are operating under your own full license as a FAP Yes    No

If 'Yes', what is the legal name of the full licence holder?

If 'Yes', what is the Applicant's FAP Licence number?

Do not provide financial advice to Retail Clients so do not have a full license Yes    No

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

**7) 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

**8) HOW IS THE APPLICANT COMMITTED TO SIMILAR OBJECTIVES AS IBANZ AND WHAT ARE THE REASONS FOR SEEKING THIS AFFILIATE INDIVIDUAL MEMBERSHIP?**

**9) WHAT IS THE APPLICANT'S EMPLOYMENT RECORD?**

*(most recent three employers, including current employer)*

<u>Employer name</u>	<u>Month/Year commenced</u>	<u>Month/Year ended</u>
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Total number of years working in the insurance profession

Total number of years working for an insurance broker business

**10) WHAT ARE THE APPLICANT'S QUALIFICATIONS?**

*(please attach evidence)*

NZ Certificate in Financial Services General Insurance (Level 5) Yes No

Other (write details including provider)

**9) IF THE APPLICANT TRANSACTS BUSINESS UNDER BROKING OR AGENCY AGREEMENTS WITH UNDERWRITERS:**

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

Has any Insurance Company or Underwriter with whom you have transacted business ever cancelled or refused to grant you an Agency/Broker Agreement or facility? Yes No

If 'Yes', please give reasons and circumstances:

**11) UNDERTAKING/DECLARATION**

Having applied for this Affiliate Individual Membership of IBANZ I acknowledge having 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](#).

**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.