



APPLICATION FOR CORPORATE MEMBERSHIP

Payment of \$287.50 (including GST), as an application processing fee, is required with this Corporate Membership application. Please pay to IBANZ 01 0102 0616789 00 by online banking. A receipt will be sent to you.

Please forward the completed application form to info@ibanz.co.nz or mail to:

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

1) NAME OF APPLICANT

If a firm then give the name of the Principal. If a Partnership give the name of the Nominee Partner. If a Sole Trader give the name of the Sole Trader:

Is the occupation of the Applicant firm 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?		%

2) PLEASE LIST THE NAMES OF ALL SUBSIDIARY AND/OR ASSOCIATED FIRMS

Please note that a separate application is required for all subsidiary companies who wish to avail themselves of membership of the Association.

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 (of CEO):

Website Address:

4) NAME OF CHIEF EXECUTIVE OFFICER OR EQUIVALENT FOR COMMUNICATIONS AND VOTING

Name:

Position Held:

To be completed only if different from the information given in Question 3:

Postal Address:

Phone Number:

Date upon which the Applicant commenced insurance broking:

The Chief Executive Officer, or equivalent, of the Applicant Firm must be an insurance broker and must make application for membership of Insurance Brokers Association of New Zealand Inc.

5) NAME OF THE DESIGNATED PQIB OR CQIB (PREVIOUSLY QIB OR CIB) PERSON (the [Membership and Professional Status Guidelines](#) shows criteria for PQIB/CQIB)

Name:

6) NAME OF THE ACCOUNTANT WHO PREPARES YOUR ANNUAL ACCOUNTS

Firms Name:

Contact Name:

Telephone Number:

7) BALANCE DATE

Date of annual balance:

8) NUMBER AND PROFILE OF STAFF, INCLUDING WORKING PRINCIPALS

The Total Staff Number (as at 31 March) must cover all principals and employees working 20 hours per week or more, engaged either in part or in total in the activities of insurance broker or risk manager or claims or premium funding. This includes support and administration staff associated with these activities.

Total Staff Number:

Number of Registered Financial Advisers ([per the FSPR](#)):

For statistical purposes the following numbers of staff in age categories:

Staff under 35 years of age

Staff 36 to 54 years of age

Staff over 55 years of age

9) FINANCIAL ADVICE LICENSE (MANDATORY RESPONSES REQUIRED)

Please confirm, with regards to the Financial Advice Provider (FAP) you operate under

The FAP name as it appears on the Financial Service Provider Register (FSPR)

The FSP number of that FAP

That your business is compliant with all requirements of that FAP's licence. If No, please provide details below: (please continue separately if needed)

10) PROFESSIONAL INDEMNITY INSURANCE (PI) & DISHONESTY OF EMPLOYEES

I confirm the Applicant's PI sum insured is not less than NZD5,000,000 Yes No

I confirm the Applicant's PI policy is current at the time of this application Yes No

Professional Indemnity Insurance

Amount of Cover: NZD

Insurer:

Policy Number:

Expiry Date:

Amount of Deductible: NZD

Please attach a Certificate of Currency, signed by the insurer, that confirms the limit.

11) DIRECTOR DETAILS

Names of Directors:

Names of Directors:

12) SHAREHOLDING DETAILS

Names of Shareholders and Percentages held:

Please note that if the shares are held in the name of a nominee then full details of this nominee must be given.

%

%

Details of any cross guarantees that may have a direct effect on the operation of the company.

13) UNDERWRITERS

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

Letters of endorsement from these two underwriters signed by their CEO must accompany any new application for membership, confirming that they transact insurance business with the Applicant and are happy to continue to do so.

1. Insurance Company:

Full Postal Address:

Refer To:

Telephone:

2. Insurance Company:

Full Postal Address:

Refer To:

Telephone:

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:

14) SOLVENCY

a) State the name and postal address of the Applicant firm's bankers.

b) Does the Applicant firm operate separate bank accounts for:

- Trading Account* Yes No
- Premium Account* Yes No

*** Please attach copies of deposit slips or other document evidencing and identifying each bank account.**

c) Is premium funding undertaken from the Premium Account? Yes No

If 'Yes', please advise details:

d) Have you or the Applicant or its other principals ever made arrangements or composition with its creditors? Yes No

If 'Yes', please provide particulars, date and place:

e) Has the Applicant ever had a receiving order made against it or a compulsory winding up order? Yes No

If 'Yes', give particulars, date and place:

f) Has a receiver of the property of you, the Applicant or its principals, ever been appointed by the court or by debenture-holders? Yes No

If 'Yes', give particulars, date and place:

g) Have you, the Applicant or its other principals, ever been the subject of criminal legal proceedings? Yes No

If 'Yes', give particulars, date and place:

h) Have you, the Applicant or other principals, ever been declined membership or been expelled from an Industry Association? Yes No

If 'Yes', please give details:

i) Are you, the Applicant or its other principals, aware of any previous, current or pending criminal prosecutions made against the Applicant or its principals? Yes No

If 'Yes', please provide details:

15) AFFILIATIONS

Is the Applicant affiliated (e.g. by membership or franchise) to any other organisation or Association? Yes No

If 'Yes', please supply details:

16) UNDERTAKING/DECLARATION

This application must be signed in the following manner. In the case of a Corporation, the Chief Executive Officer. In the case of a Partnership, by its Nominee Partner. In the case of a Sole Trader, by the Sole Trader.

a) (Name of Applicant)

having applied for membership/renewal of membership as a Corporate Member of Insurance Brokers Association of New Zealand Inc acknowledges having inspected the [IBANZ Constitution and Rules](#) and the [IBANZ Code of Professional Conduct](#), hereby undertakes to abide by, comply with and conform to the IBANZ Constitution and Rules and IBANZ Code of Professional Conduct, the Insurance Intermediaries Act 1994 and any amendments, together with all other relevant or replacing legislation.

b) It is also understood and agreed that a random visit to a Member's place of business may be carried out by a representative of the Board of IBANZ to check on compliance with Membership requirements (unless the Member is externally audited).

c) The Premium Income Declaration for the 12 month period ending
has been sent to the IBANZ Chief Executive Officer under separate cover.

d) In addition to negotiating contracts of insurance and reinsurance, the Applicant also engages in the following activities:

e) It is clearly understood that the IBANZ Rules do not normally allow for a refund of Membership fee(s). The following is stated in the Rules "A Member who ceases to be a Member is not entitled to the return of any monies paid by way of entrance fees or subscription provided that in the case of retirement of a Member or the sale of the Corporate Member's corporate business to another Corporate Member, the Board may in its absolute discretion consider a partial refund of the current year's subscription".

NB Pursuant to the Privacy Act, the following is brought to your attention:

This application collects personal information about you and your Shareholders/Directors;

The information is collected to evaluate your firm's eligibility for renewal of membership;

The intended recipients of the information are:

- IBANZ Board, Chief Executive Officer & staff of IBANZ;
- IBANZ Membership Committee (excluding information on premium income).

The information is collected and held by Insurance Brokers Association of New Zealand Inc.

You have the rights to access and correction of this information subject to the provisions of the Privacy Act.

I/We agree to Insurance Brokers Association of New Zealand Inc releasing personal information, regarding this application, to other parties.

Signature:

Date Signed:

Name of person signing:

Position of person signing:

Name of Applicant:

Please also complete Question 17 and the Premium Income Declaration on the next two pages.

17) PROPOSER AND SECONDER (for New Membership application only)

Name of **Proposer**:

Member Firm:

Proposers Signature:

Date:

Name of **Secunder**:

Member Firm:

Seconders Signature:

Date:

Proposer and Secunder must be current IBANZ Corporate Members, independent of the Applicant. They must each write a letter of recommendation which states how long they have known the Applicant and the reasons why they believe the Applicant is suited to be a Corporate Member of Insurance Brokers Association of New Zealand Inc. These letters must accompany the application.



PREMIUM INCOME DECLARATION CONFIDENTIAL

info@ibanz.co.nz or

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

Our total premium income, excluding GST and EQC and FSL levies during the twelve month period ended _____ was:

- | | |
|----------------|-----|
| a) Direct | NZD |
| b) Reinsurance | NZD |
| c) Life | NZD |

TOTAL (excl GST, EQC and FSL) NZD

Signed:

Name:

Position:

Name of Applicant:

Date:

This information will be used for statistical purposes only and the details will be kept confidential to the office of IBANZ. If preferred, send this page separately to the Chief Executive Officer of IBANZ.