

Applicant details

Company Name		Company number	
Trading Name		Website	

Address details

Physical address Please provide a place of business in New Zealand			Postal address This address will be used for annual invoicing		
	Suburb :				
	City :	Post code :			

Communications contact

contact person for communication with FSCL including billing and updating company details

Full Name		Phone	
Email		Mobile	

Complaints contact

this contact will be recorded on the FSCL website as the first contact for complaints

Full Name		Phone	
Email		Mobile	

Type of Business

Please tick the category that best describes your business

Please refer to the website for more details on the individual membership categories.

QFEs/large companies	<input type="checkbox"/>	Number of employed advisers (please include the employee annex)	<input type="text"/>
Lender	<input type="checkbox"/>	Size of loan book	\$ <input type="text"/>
Fund managers	<input type="checkbox"/>	Amount of funds under management	\$ <input type="text"/>
Transactional Service Provider	<input type="checkbox"/>	Approximate amount of transactions in NZD per annum	\$ <input type="text"/>
Securities on issue	<input type="checkbox"/>	Face value of securities	\$ <input type="text"/>
Insurer	<input type="checkbox"/>	Amount of premium revenue per annum	\$ <input type="text"/>
Stockbrokers	<input type="checkbox"/>	Number of employed advisers (please include the employee annex)	<input type="text"/>
Crowd funders/P2P Lenders	<input type="checkbox"/>	Approximate transactions/lending amount per annum	\$ <input type="text"/>

Subsidiaries

FSCL includes up to 3 subsidiaries under a single fee based on a consolidated figure

Subsidiaries		Subsidiary Company Number	

Details of all advisers/brokers who are included **must be attached**. Please use the provided 'Individual Adviser & Broker Annex'

<p>BY APPLYING FOR PARTICIPATION IN THE FINANCIAL SERVICES COMPLAINTS LIMITED SCHEME I AGREE THAT I HAVE READ AND AGREE TO BE BOUND BY THE TERMS OF PARTICIPATION AND THE SCHEME RULES AS SET OUT IN THE TERMS OF REFERENCE AND FSCL'S CONSTITUTION. I AM APPLYING FOR MEMBERSHIP FROM THE DATE OF THIS APPLICATION. (NOTE THAT COPIES OF THE PARTICIPATION AGREEMENT, CONSTITUTION AND TERMS OF REFERENCE ARE AVAILABLE ON www.fscl.org.nz)</p>	Date	
	Position/Title	
	Signature	
Full name		

How did you find out about us?	
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