

### Personal Applicant Details

Surname		First Names	
Known as		Email	
Physical address	_____ _____ Suburb : _____ City : _____	Postal address  (if different)	_____ _____ _____
Contact Phone	_____	Mobile	_____

### Company Details

Are you joining onto an existing FSCL membership?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what is the company/franchise?	_____		
Do you conduct business through your own company?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of company	_____	Trading name (if different)	_____

### Association/Group

Are you a member of a professional association and/or dealer group?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please name the association or dealer group	_____ _____		

### Type(s) of financial service(s) provided

Type(s) of financial service(s) provided – E.g. “Investment planning service”, “mortgage broking”, etc	_____ _____
--	----------------

### Confirmation

**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 FSC L ' 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](http://www.fscl.org.nz))**

Position/Title	_____	Date	_____
Full name	_____	Signature	_____

How did you find out about us?	_____
--------------------------------	-------