

APPLICATION FOR COMPANY MEMBERSHIP



FINANCIAL SERVICES COMPLAINTS LTD

This application can be processed once your FSP number is visible on the FSPR.

If you are joining an existing membership please ensure this form is submitted by FSCL's contact for the membership.

Applicant details

| | | | |
|----------------------------------|--|------------|--|
| Company name | | FSP number | |
| Trading name (as on the FSPR) | | Website | |

Type of business

please tick the category that best describes your business

| ✓ | Financial service/s provided; | Further information; | Indicate below; |
|---|--|--|-----------------|
| | Financial Advice Provider (FAP)/Authorised Body (AB) | Number of Financial Advisers or Nominated Representatives? (please include an individual application per adviser) | |
| | Lender | Size of loan book? | \$ |
| | Fund manager | Amount of funds under management? | \$ |
| | Transactional Service Provider | Approximate amount of transactions in NZD per annum? | \$ |
| | Issuer of securities | Face value of securities? | \$ |
| | Crowd funders/P2P Lenders | Approximate transactions/lending amount per annum? | \$ |
| | Insurer | Amount of premium revenue per annum? | \$ |

In your own words, tell us a little about the financial service you provide?

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If you are an Authorised Body (AB) joining an existing FSCL membership, please leave the contact fields blank. We have one central point of contact per membership

Address details

contact details provided will be public on our website

| | | | |
|--|--------------------------------------|---|--|
| Physical address Please provide a place of business in New Zealand | | Postal address (If different) | |
| | | | |
| | Suburb: | | |
| | City: Postcode: | | |

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 | |

I confirm that I have read, and I agree to be bound by, the terms of participation and the scheme rules set out in FSCL's terms of reference.

You can find copies of the terms of participation and the terms of reference on www.fscl.org.nz

| | |
|-----------|--|
| Date | |
| Full name | |
| Signature | |

How did you find out about us?

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