

APPLICATION FOR INDIVIDUAL MEMBERSHIP



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..

Company details

Are you joining on to an existing FSCL membership?		Yes	No
If so, what is the company name? (as on the FSPR)			
Do you conduct business through your own company?	Yes	No	If yes, please also complete a company application form.

Applicant details

Surname		First names	
Known as		Email	
Contact phone		Mobile phone	
FSP number		Trading name (as on the FSPR)	

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:		

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

Are you a member of a professional association and/or dealer group?	Yes	No
If yes, please name the association or dealer group		

Confirmation

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		Signature	
Full name			

How did you find out about us?	
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