

# Renewal of Registration



Phone: 0064 4 471 5543  
Email: membership@property.org.nz

**Post Application to:**  
PO Box 5304, Wellington 6145  
Level 3, Gleneagles Building  
69-71 The Terrace, Wellington 6011, New Zealand

## PROFESSIONAL DETAILS

Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Preferred Name \_\_\_\_\_ Title (circle one) Mr Mrs Miss Ms

Citizenship \_\_\_\_\_ DOB \_\_\_\_\_

## ADDRESS

Residential Address \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

## Employer (Incl. Self Employed)

Company \_\_\_\_\_

Business Address \_\_\_\_\_

Phone \_\_\_\_\_ Facsimile \_\_\_\_\_

Email Address \_\_\_\_\_

## Preferred Mailing Address (circle one)

Residential

Business

## RENEWAL REGISTRATION FOR

- Property Consultancy     Property Management     Facilities Management  
 Plant and Machinery Valuer

Please tick as appropriate

I am presently a Full Member of the Property Institute of New Zealand. I am familiar with the Code of Ethics and Rules of Conduct for the New Zealand Property Institute and confirm my willingness to abide by them.

Please tick as appropriate

Have you ever been convicted of an offence punishable by imprisonment for a term of three months or more?

- Yes  
 No

Please tick as appropriate

Have you ever been adjudged bankrupt or entered into a composition with your creditors?

- Yes  
 No

I can confirm that I or my employer retain Professional Indemnity Insurance of at least \$500,000

- Yes  
 No

### **Privacy Act**

*The above information is used for the day to day operations and development of the Institute, including its relationship with kindred bodies. If you do not want your name and address supplied to any other body please advise.*

# PROPERTY INSTITUTE

SIGNATURE

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DECLARED AT

This

day of

20\_\_

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