

**Personal Details**

Mr  Mrs  Miss  Ms  Dr

First name \_\_\_\_\_ Preferred name \_\_\_\_\_

Surname \_\_\_\_\_

Primary address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Business name \_\_\_\_\_ Mobile number \_\_\_\_\_

Email \_\_\_\_\_

**Renewal Registration for**

Property Consultancy  Property Management   
Facilities Management  Plant & Machinery Valuation

**Declaration**

Have you ever been convicted of an offence punishable by imprisonment for a term of three months or more?  
 Yes  No

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

In signing this form, I confirm that I am familiar with the Rules and Code of Ethics of the Property Institute of New Zealand and will abide by them.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Post or email renewal form to:

membership@property.org.nz

PO Box 5304, Wellington 6145

0800 698 258 or 04 471 5543