

**AGENCY NAME:**

**TRADING NAME:**

eForms Name (If different from above):

**OFFICE PHYSICAL ADDRESS**

Street Address:

Suburb:

City:

Postcode:

**OFFICE POSTAL ADDRESS (If different from above)**

Street Address:

Suburb:

City:

Postcode:

Office Phone:

Fax:

Office Email Address:

Office Website Address:

**MEMBERSHIP CATEGORY**

**PROPERTY MANAGEMENT AGENCY**

**Single Office Agency**

**Multiple Office Agency**

OVER 7 PROPERTY MANAGERS and administrators if required

**SMALL PROPERTY MANAGEMENT AGENCY (ANNUAL PAYMENT ONLY)**

UP TO 7 PROPERTY MANAGERS

**PAYMENT TYPE**

**PAYMENT METHODS FOR ANNUAL PAYMENT**

**ANNUAL**

**INTERNET BANKING**

**MONTHLY DIRECT DEBIT**

**CREDIT CARD**

**TO PAY MONTHLY, PLEASE COMPLETE AND RETURN THE DIRECT DEBIT FORM WITH YOUR APPLICATION.**

**PLEASE NOTE: MONTHLY PAYMENTS ARE NOT AVAILABLE TO SMALL PROPERTY MANAGEMENT AGENCIES**

**TAX INVOICES ARE SENT TO YOUR NOMINATED ACCOUNTS PERSON.**

**TO PAY BY INTERNET BANKING:**

Account name: The Real Estate Institute of New Zealand Inc.

Account number: 02 0238 0078625 00

Required reference fields

Reference: Company Name

Particulars: MEMFEE

**TO PAY BY CREDIT CARD:**

Credit card payments are only accepted over the in person or by phone.

**In Person:** Level 3, 155 Khyber Pass Road, Grafton, Auckland (Mon – Fri, Hours 8.30am – 5pm)

**Phone:** Please call 09 356 1755 after sending your application or  tick here to request a call.

Contact Name:

Contact Number:

**PRINCIPAL OFFICER** - The principal officer is a director or shareholder and will control the agency's business activities. Please select one person to act as the agencies principal officer.

Name:

Email Address:

Phone:

**ACCOUNTS MANAGER** - The named person will receive all invoices for the agency

Name:

Email Address:

Phone:

**AGENCY CONTACTS (as per attached staff details list)** - Only staff listed will have access to REINZ services for the current membership year. Please ensure you keep you staff records up to date. Staff need to be authorised by the office before they can be assigned to your office membership.

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**DECLARATION** - You are required to complete this declaration. All required documents must be included with this application.

**Is there any other information that should be disclosed that may affect consideration of your application by REINZ, including any information about anyone associated with your agency?**

**If you answer 'yes' to this question, please email the information to [membership@reinz.co.nz](mailto:membership@reinz.co.nz) so that REINZ can consider the information. All information will be held in strict confidence.**

Yes

No

#### **PROFESSIONAL INDEMNITY INSURANCE**

I confirm that our company carries professional indemnity insurance (covering the business and all individuals engaged in its business) which is sufficient to provide protection for our clients, given the nature of the properties we manage and sell. Our cover meets, if not exceeds, the minimum level of \$1 million.

**Copy of insurance certificate attached.**

#### **INDEPENDENT REVIEW OF TRUST ACCOUNT**

Any client monies not related to real estate agency work are at all times held in trust accounts. All necessary and prudent steps are taken to ensure the security of such client monies including annual independent reviews of the operation and balance of the trust account.

Evidence of Dedicated Trust Account attached. (letter from bank or bank statement).

**Copy of annual audit certificate or confirmation letter of independent review attached.**

**Please provide the name of the of the company who will be doing your audit or review.**

We, [agency's full name], hereby apply for membership of the Real Estate Institute of NZ (REINZ) for the period 1 July 2023 - 30 June 2024. We agree to ensure that our agency and all our employees and contractors engaged by the agency strictly adhere to the Rules of REINZ at all times, including all REINZ Codes of Practice which are published and announced by REINZ from time to time. We also agree to ensure that our agency and all our employees and contractors engaged by the agency comply with the terms contained in the REINZ Statistics Authorised User Agreement and to ensure that data collected for the purpose of contributing to REINZ Statistics is collected lawfully.

We acknowledge that we have read and understood all of the documents mentioned in the above prior to signing this application form. We declare that the information contained in this application form is true and correct and acknowledge that any inaccuracies or omissions may result in the suspension or termination of your REINZ membership.

You agree to advise REINZ if you become aware of any information which may affect your membership of REINZ, including any unsatisfactory conduct or misconduct decisions handed down against you or any of your team members.

*The consent of a company or partnership to become a Member may be given on its behalf by two (2) directors or partners, or if it is a company with only one (1) director, by that director.*

\_\_\_\_\_  
Signed by

\_\_\_\_\_  
Signed by

Full Name and position(s) held

Full Name and position(s) held

Date

Date

**PLEASE RETURN TO:**

**Email:** [membership@reinz.co.nz](mailto:membership@reinz.co.nz)

**Fax:** 09 379 8471

**Postal Address:** The Real Estate Institute of New Zealand, PO Box 5663, Victoria Street West, Auckland 1142



