



Adviser Membership application form



Thank you for your interest in becoming a member of Financial Dispute Resolution Service

Applicant's details

Legal name of applicant _____

Trading name (if applicable) _____

Registered company number
(if applicable) _____

Address and contact details

Place of business (New Zealand)

Street _____ Suburb _____

City _____ Post code _____

Address for communication

As above or;

PO Box or Street _____ Suburb _____

City _____ Post code _____

Contact details

Email _____

Website _____ Mobile _____

Telephone _____

We will publish the applicant's name, trading name, city, telephone (as above) and website address on the FDRS website.

Industry associations

Is the applicant a member of an industry association? Yes No

If "Yes", please list the name(s) of the association(s) that the applicant belongs to:

Remedial action details

Does the applicant have any outstanding remedial actions required of them under other dispute resolution scheme(s)? Yes No

If yes, please provide the name(s) of the other dispute resolution scheme(s)

Confirmations and acknowledgements

Please confirm and acknowledge the following statements. By signing this application form the applicant:

- confirms that the contents of this application are correct and not misleading and that the applicant has disclosed all information relevant to its application.
- agrees, if granted membership:
 - (a) to comply with its obligations under the Financial Service Providers (Registration and Dispute Resolution) Act 2008, the Financial Dispute Resolution Scheme ("Scheme") rules and the Scheme Fees rules, and Financial Dispute Resolution Service [Terms & Conditions](#);
 - (b) to comply with any binding resolution of a complaint under the Scheme, whether or not still a member of the Scheme at the time of the complaint or resolution;
 - (c) that, for the purposes of the Contracts Privacy Act 1982, its customers may directly enforce any binding resolution of a complaint, against it; and
 - (d) that the Scheme is governed by the laws of New Zealand and that it will submit to the non-exclusive jurisdiction of the New Zealand courts in respect of all matters relating to its membership of the Scheme.
- if a group service provider, confirms it has the authority of its individual/associate members to provide and operate their internal complaints process and external dispute resolution scheme.
- confirms it will notify Financial Dispute Resolution Scheme if any QFE Adviser, Registered Financial Adviser or Authorised Financial Adviser becomes, or ceases to be covered by this application (a group service provider (if any) may provide notice on behalf of an applicant).
- acknowledges that information about it may be disclosed in accordance with the Scheme rules.

Signature of authorised signatory _____ Date _____

Name of authorised signatory _____ Date _____

Fees

No fee is payable until your application for membership is accepted. If your application is accepted, we will notify you and your membership will then become effective when your membership fee is paid.

Send your completed Application Form (and Schedule if appropriate) [to enquiries@fdrs.org.nz](mailto:enquiries@fdrs.org.nz) or fax +64 4 918 4901. **Please do call one of us on 0508 337 337** if you have any questions or require any assistance.