

TE MANA TATAI HOKOHOKO - NEW ZEALAND

APPLICATION FORM FOR FINANCIAL MARKETS SUPERVISORS LICENCE VARIATION

1.	Company name (as registered):	
2.	Company number:	
3.	Company Financial Service Provider (FSP)	
	number (if applicable):	
4.	Registered company address:	
	Street number (or PO Box)	
	Street name	
	Suburb	
	Town or city	Postcode
Variatio	on sought	
5.	Please select ONE of the following:	
	 □ The applicant seeks a variation to licence conditions □ The applicant seeks a variation to licence categ □ The applicant seeks a variation to licence term □ Other (please define) 	

Applicant company details:

Please initial here

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Date:_____/_____

6.	If you are seeking to vary the licence conditions, licence terms, and/or variation other than for the licence category, please record in Appendix 1 details of the variation sought, and the reasons	
7.	If you are seeking to vary a licence category, please select ONE or more of the following in addition to licence categories already held:	on
	$\hfill\Box$ The applicant seeks a licence as a supervisor for debt securities	
	$\hfill\Box$ The applicant seeks a licence as a supervisor for registered schemes	
	Please indicate which category(s) below:	
	a) KiwiSaver schemesb) Non-fund schemesc) Specified managed fundsd) Superannuation schemes	
	$\hfill\Box$ The applicant seeks a licence as a statutory supervisor for retirement villages	
8.	If you have ticked either of the first 2 boxes under Q7, please select ONE of the following:	
	 □ The applicant seeks to be licensed for debt securities and/or registered schemes, generally □ The applicant seeks to be licensed for specific debt securities and/or specified registered schemes (please list in Appendix 2) 	
9.	If you have ticked the last box of Q7, please select ONE of the following:	
	$\hfill\Box$ The applicant seeks to be licensed for retirement villages generally	
	$\hfill \Box$ The applicant seeks to be licensed for specific retirement villages	
	(please list these in Appendix 3)	
Contact	t details:	
10.	Contact name:	
11.	Contact email address:	
12.	Contact phone number:	
		Please initial here
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Date: / /

TRU1.1 Var

Declaration

- 13. I confirm that this applicant and the applicant's governing body have authorised me to apply for this licence.
- 14. After having conducted all necessary enquiries, I declare the information provided in this TRU1. Var form is true and correct to the best of my knowledge.

Name of individual completing form on behalf of applicant:					
Signed:	Dated:	/	/	_	

Fee details, how to pay and how to submit your application

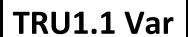
Fees

Payment of applicable fees:	
Financial Markets Authority	(Fees) Regulations 2011
Application fee: \$11	5.00
\square \$115.00 to be paid by inte \square \$115.00 to be paid at a W	
Hourly rate payable on rece	ipt of an invoice:
☐ Qualified FMA Employee	\$178.25
☐ FMA Board Member	\$230

How to pay

Payment option	How do I pay?	Additional information
Internet banking	Select the bill payment option.	To ensure we process your
	Our bank details are:	payment correctly you need to
	Bank name: Westpac	provide the following information:
	Account name: Financial Markets	Particulars: Full name of business
	Authority	applying for the licence
	Account number: 03 0584	Code: Supervisors
	0198005 002	Reference: FSP number (if
		registered)

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	Date:	/	/	



Westpac branch	Call in to your nearest Westpac	
	branch and pay your fee by cash,	To ensure we process your
	cheque, or Smart ATM.	payment correctly you need to
		provide the following information:
		Particulars: Full name of business
		applying for the licence
		Code: Supervisors
		Reference: FSP number (if
		registered)

Please note that payment by Credit Card is not available for this application process.

How to submit your application

Completed PDF versions of the application form, declarations and supporting forms can be submitted to the FMA by email to renewals@fma.govt.nz. Alternatively, the completed application form and supporting documents can be submitted in one package to the FMA addressed to;

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Licensing Manager Level 2 1 Grey Street PO Box 1179 Wellington 6140

TRU1.1 Var

Appendix 1				
Detail of variation sought				
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Detail of the reasons for which the vai	riation is sought			
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Appendix 2 Debt securities and/or registered schemes for which licence is sought

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Appendix 3

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