

APPLICATION FORM FOR
FINANCIAL MARKETS SUPERVISORS LICENCE VARIATION

Applicant company details:

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 _____

Variation sought

5. Please select ONE of the following:
 - The applicant seeks a variation to licence conditions
 - The applicant seeks a variation to licence category
 - The applicant seeks a variation to licence term
 - Other (please define) _____

Please initial here

- 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:

- The applicant seeks a licence as a supervisor for debt securities
- The applicant seeks a licence as a supervisor for registered schemes

Please indicate which category(s) below:

- a) KiwiSaver schemes
- b) Non-fund schemes
- c) Specified managed funds
- d) Superannuation schemes

- 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:

- The applicant seeks to be licensed for retirement villages generally
- The applicant seeks to be licensed for specific retirement villages
(please these list in Appendix 3)

Contact details:

- 10. Contact name: _____
- 11. Contact email address: _____
- 12. Contact phone number: _____

Please initial here

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: \$115.00

- \$115.00 to be paid by internet banking
 \$115.00 to be paid at a Westpac branch

Hourly rate payable on receipt 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. Our bank details are: Bank name: Westpac Account name: Financial Markets Authority Account number: 03 0584 0198005 002 | To ensure we process your 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 initial here

| | | |
|-----------------------|---|--|
| Westpac branch | Call in to your nearest Westpac branch and pay your fee by cash, cheque, Eftpos or Smart ATM. | To ensure we process your 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;

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

| |
|---------------------|
| Please initial here |
|---------------------|

Appendix 1
Detail of variation sought

Detail of the reasons for which the variation is sought

Please initial here

Appendix 2

Debt securities and/or registered schemes for which licence is sought

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____ **(continue till 29)**

Please initial here

Date: _____/_____/_____

Please initial here

Appendix 3

Retirement villages for which licence is sought

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____
- 16. _____
- 17. _____
- 18. _____
- 19. _____
- 20. _____
- 21. _____
- 22. **(CONTINUE TILL 29)**

Please initial here

Please initial here