

**SUPPORTING INFORMATION CHECKLIST AND STATUTORY DECLARATION**

INFORMATION FOR LICENSING UNDER SECTION 16 OF THE  
FINANCIAL MARKETS SUPERVISORS ACT 2011 (The Act)

**Applicant company details:**

1. Company name (as registered): \_\_\_\_\_
2. Company Financial Service Provider (FSP): \_\_\_\_\_

**Director/senior manager details:**

**Please complete and submit with this form a DIR1.1 form for each and every director and senior manager as required by Section 16 of the Act.**

3. Please identify the name and position of each director/senior manager submitting a DIR1.1 Var form for your application by completing Appendix 1.

I confirm that all the required directors and senior managers have completed DIR1.1 Var forms, and their names are listed in Appendix 1.

**Application document checklist:**

4. To vary a licence, the applicant is required to provide a number of supporting documents. Please confirm that you have supplied the required documents with this form by ticking the appropriate boxes.

Provided with  
Tru2.1 Var form

- i. Business details
- ii. Good character (DIR1.1 Var Forms)
- iii. FSP (RDR) Act compliance
- iv. Experience, skills and qualifications
- v. Compliance controls
- vi. Compliance monitoring
- vii. Financial resources
- viii. Other resources
- ix. Independence
- x. Governance
- xi. Professional indemnity insurance
- xii. Other matters

**Please ensure that you use the cover pages provided in Appendix 2 to identify the documents being submitted for assessment.**

**Please refer to Part C of the 'Guidance Note: Supervisor Licensing' for help on providing the information required under each of the heading.**

**Confirmation**

I confirm that prior to completing this application I understand the entity’s obligations under the Act, and the Financial Markets Supervisors Regulations 2014, and I have read and understood ‘Guidance Note: Supervisor Licensing’ issued by the Financial Markets Authority.

I confirm (please tick those statements that are applicable):

**Debt securities and/or registered schemes**

The applicant is currently registered under the Financial Service Providers (Registration and Dispute Resolution) Act 2008.

**Retirement Villages:**

The applicant is compliant with section 13 (a) of the Financial Service Providers (Registration and Dispute Resolution) Act 2008.

**Statutory declaration**

I, \_\_\_\_\_, of \_\_\_\_\_  
solemnly and sincerely declare the following:

- that I have been authorised to act on behalf of the above named applicant in the making of this application
- that having conducted all necessary enquiries, I declare the information provided in this TRU2.1 form is true and correct to the best of my knowledge

Signature of person making declaration \_\_\_\_\_

Declared at \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
before me:

\_\_\_\_\_

Full name and designation of person to take statutory declaration

\_\_\_\_\_

(Note: If you are making this declaration outside New Zealand, please ensure it is sworn in accordance with section 11 of the Oaths and Declarations Act 1957).

Please initial here





**Appendix 2**

**1. Business details**

Company name: \_\_\_\_\_

Company FSP number: \_\_\_\_\_

Number of pages in this section: \_\_\_\_\_  
(excluding cover sheet)

The details provided in this section are true and complete to the best of my knowledge:

Signed: \_\_\_\_\_

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**2. Good character (DIR1 Forms)**

Company name: \_\_\_\_\_

Company FSP number: \_\_\_\_\_

Number of pages in this section: \_\_\_\_\_  
(excluding cover sheet)

The details provided in this section are true and complete to the best of my knowledge:

Signed: \_\_\_\_\_

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**3. FSP (RDR) Act compliance**

Company name: \_\_\_\_\_

Company FSP number: \_\_\_\_\_

Number of pages in this section: \_\_\_\_\_  
(excluding cover sheet)

The details provided in this section are true and complete to the best of my knowledge:

Signed: \_\_\_\_\_

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**4. Experience, skills and qualifications**

Company name: \_\_\_\_\_

Company FSP number: \_\_\_\_\_

Number of pages in this section: \_\_\_\_\_  
(excluding cover sheet)

The details provided in this section are true and complete to the best of my knowledge:

Signed: \_\_\_\_\_

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**5. Compliance controls**

Company name: \_\_\_\_\_

Company FSP number: \_\_\_\_\_

Number of pages in this section: \_\_\_\_\_  
(excluding cover sheet)

The details provided in this section are true and complete to the best of my knowledge:

Signed: \_\_\_\_\_

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**6. Compliance monitoring**

Company name: \_\_\_\_\_

Company FSP number: \_\_\_\_\_

Number of pages in this section: \_\_\_\_\_  
(excluding cover sheet)

The details provided in this section are true and complete to the best of my knowledge:

Signed: \_\_\_\_\_

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**7. Financial resources**

Company name: \_\_\_\_\_

Company FSP number: \_\_\_\_\_

Number of pages in this section: \_\_\_\_\_  
(excluding cover sheet)

The details provided in this section are true and complete to the best of my knowledge:

Signed: \_\_\_\_\_

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**8. Other resources**

Company name: \_\_\_\_\_

Company FSP number: \_\_\_\_\_

Number of pages in this section: \_\_\_\_\_  
(excluding cover sheet)

The details provided in this section are true and complete to the best of my knowledge:

Signed: \_\_\_\_\_

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**9. Independence**

Company name: \_\_\_\_\_

Company FSP number: \_\_\_\_\_

Number of pages in this section: \_\_\_\_\_  
(excluding cover sheet)

The details provided in this section are true and complete to the best of my knowledge:

Signed: \_\_\_\_\_

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**10. Governance**

Company name: \_\_\_\_\_

Company FSP number: \_\_\_\_\_

Number of pages in this section: \_\_\_\_\_  
(excluding cover sheet)

The details provided in this section are true and complete to the best of my knowledge:

Signed: \_\_\_\_\_

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**11. Professional indemnity insurance**

Company name: \_\_\_\_\_

Company FSP number: \_\_\_\_\_

Number of pages in this section: \_\_\_\_\_  
(excluding cover sheet)

The details provided in this section are true and complete to the best of my knowledge:

Signed: \_\_\_\_\_

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**12. Other matters**

Company name: \_\_\_\_\_

Company FSP number: \_\_\_\_\_

Number of pages in this section: \_\_\_\_\_  
(excluding cover sheet)

The details provided in this section are true and complete to the best of my knowledge:

Signed: \_\_\_\_\_

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_