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**NEW ZEALAND INSTITUTE OF QUANTITY SURVEYORS INC**

**Member Business Listing – Application From**

**Company Contact Details to appear on website**

*Note if you have more than one l please provide this information for all branches*

Company Name Click here to enter text.

Physical Address Click here to enter text.

Contact Email Click here to enter text.

Phone number Click here to enter text.

Website Click here to enter text.

**In your office** YES NO

|  |
| --- |
| Do you have quality assurance systems? |[ ] [ ]
| Do you hold a Professional Indemnity Insurance policy? |[ ] [ ]
| Do you have a procedure for dealing with complaints from external clients? |[ ] [ ]

**Services your Company offers** *(please tick)*

|  |  |
| --- | --- |
| Adjudication |[ ]  Arbitration |[ ]
| Civil Projects |[ ]  Commercial Insurance Reinstatement Estimates |[ ]
| Commercial Projects |[ ]  Contract Management |[ ]
| Contract Procurement |[ ]  Cost Estimating |[ ]
| Cost Planning |[ ]  Dispute Resolution |[ ]
| Due Diligence |[ ]  Earthquake Strengthening |[ ]
| Energy Efficiency |[ ]  Feasibility Studies |[ ]
| Interior Fit Outs |[ ]  Lender Certification |[ ]
| Life Cycle Costing |[ ]  Mediation |[ ]
| Project Management |[ ]  Residential Insurance Reinstatement Estimates |[ ]
| Residential Projects |[ ]  Risk Management |[ ]
| Schedule of Quantities |[ ]  Tax Depreciation |[ ]
| Value Management |[ ]  Other Click here to enter text. |[ ]

**Quantity Surveying Staff**

Please complete the following in respect to your office

|  |  |
| --- | --- |
|  | NZIQS Member Status |
| FULL NAME | LIFE MEMBER | FELLOW MEMBER | MEMBER (MNZIQS) | ASSOCIATE MEMBER | GRADUATE MEMBER | AFFILIATE MEMBER | RETIRED MEMBER | STUDENT MEMBER | REGISTERED QS | NOT A NZIQS MEMBER |
| Click here to enter text. |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
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**Details of NZIQS Member who is a Director or Partner of your company**

Name Click here to enter text.

Email Click here to enter text.

I certify that the information provided above is correct.

I agree to use my best endeavours to ensure the Directors, Partners, shareholders and employee Quantity Surveyors acting on behalf of this company or partnership, who are not NZIQS members, abide by the NZIQS Code of Conduct and Professional Conduct.

Signed Click here to enter text.

Date Click here to enter text.

**Additional Information**

You can include a brief company overview in your business listings of up to fifty words.

Click here to enter text.

**NZIQS Business Listing Terms**

To advertise on the NZIQS Business Listing your company must meet one of the following two criteria:

1. You are a self-employed/sole trader member who has the NZIQS membership status of MNZIQS/Associate or above\*
2. Your company or firm has at least one director or partner who has the NZIQS membership status of MNZIQS/Associate or above\* **AND** 30% of the companies Quantity Surveying staff are NZIQS members

\**hold a membership level of either MNZIQS, ANZIQS, FNZIQS or Life Member NZIQS*

An annual subscription fee of $250 + gst is payable

**Please complete this form and return with your company logo in jpeg form to** **accounts@nziqs.co.nz**

|  |
| --- |
| **NZIQS OFFICE USE ONLY**[ ] Form Completed[ ] Logo ReceivedApplication Approved: Click here to enter text.Date Approved:Click here to enter text.Date Listing Uploaded:Click here to enter text. |