



NEW ZEALAND INSTITUTE OF QUANTITY SURVEYORS INC

MEMBERS' BUSINESS REGISTER APPLICATION FORM

Part 1

Please complete this Application Form and forward this **Part 1** signed **with payment**
(application and setup fee of **150.00 + gst**) to:-

NEW ZEALAND INSTITUTE OF QUANTITY SURVEYORS INC
PO Box 10 469, The Terrace, WELLINGTON

(**Part 2** is to be completed in electronic form and forwarded by email)

YOUR COMPANY NAME: _____

YOUR OFFICE LOCATION: _____

EMAIL ADDRESS: _____

WEBSITE: _____

TELEPHONE: _____

FACSIMILE: _____

The following firms or practices may list their Quantity Surveying Business in the NZIQS Members Business Register:-

- Sole practitioners provided the sole practitioner is a qualified member of the NZIQS.
- Each branch office of a firm or practice provided 30% of the professional/technical staff in that office are qualified members of the NZIQS.
- Each branch office of a multi disciplinary firm or practice or construction company with a Quantity Surveying Division provided 30% of the employed professional/technical staff in the division of that office are qualified members of the NZIQS.

Note 1: While a firm or division is required to have 30% of the staff as members of the NZIQS at least one of that 30% of staff must be a Director, Partner or Shareholder.

Note 2: A 'qualified member' is defined as a current member (not in arrears) qualified by membership categories MNZIQS, ANZIQS, FNZIQS or Life Member NZIQS.

COMPANY NAME:: _____

In **YOUR** office:-

(circle)

Do you have a quality assurance system?	YES	NO
Is your quality assurance system audited by a third party?	YES	NO
Is your quality assurance system audited in house?	YES	NO
Do you have a published Health & Safety Policy?	YES	NO
Do you hold a Professional Indemnity Insurance policy	YES	NO
Do you have a procedure for dealing with complaints from external clients	YES	NO

ENTER DETAILS OF THE PERSON RESPONSIBLE FOR COMPLETING THIS FORM WHO ALSO ACCEPTS BEING THE BUSINESS REGISTER CONTACT PERSON FOR THE APPLICANT FIRM.

NAME: _____

POSTAL ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE : _____

FACSIMILE: _____

I certify that the information provided above including the services and specialist services claimed are correct as shown.

I agree to be responsible for the actions of all Directors, Partners, Shareholders and employees acting on behalf of this company or partnership, who are not members of the NZIQS and will ensure they abide by the NZIQS Code of Practice and Professional Conduct.

SIGNED: _____

DATE: _____

NZIQS OFFICE CERTIFICATION			for office use only		
Details satisfactory?	Payment received?		Part 2 received?		
This entry is approved for inclusion in the NZIQS Members' Business Register.					
NAME OF APPROVING PERSON:					
SIGNATURE:		DATE:			