

DISCLOSURE – Criminal Convictions (answer both questions)

1. Have you ever been convicted of a criminal offence involving embezzlement, theft, fraud or dishonesty of any kind? **Please circle which** Yes No

If yes – What? _____ When? _____

2. Have you ever been convicted of any criminal offence carrying on first conviction a maximum sentence of not less than 12 months imprisonment? **Please circle which** Yes No

If yes – What? _____ When? _____

GENERAL UNDERTAKING and CONSENT FOR DISCLOSURE

I (print full name) _____ declare that the information I have given in this application is correct and complete.

I undertake that I will, if admitted to membership of the Institute, be governed by the Constitution, Rules and by-laws of the Institute as they are now and as they may be amended or altered while I am a member.

I consent to disclosure of relevant information entered in this application to:

- (a) The New Zealand Institute of Quantity Surveyors, its Committees, Branch Boards and to other members when relevant; and to
- (b) Organisations or persons that request contact details for the purpose of serving the interests of NZIQS and its members and subject to Council policy and approval of the Executive Director.

I promise to promote the objects of the Institute as best I can.

I will at all times faithfully, impartially and to the best of my knowledge and ability, carry out the work referred to me in my capacity as a Quantity Surveyor.

Signature of Applicant _____ Date _____

Signature of Witness _____ Occupation _____

Witness name: _____

Witness Address _____

_____ Date _____

NZIQS member sponsor (if applicable) _____

Name Printed in full

CHECKLIST

Witnessed and signed photocopy evidence to substantiate this application.

Photocopies Enclosed

Applications should be forwarded to

The Executive Director, NZIQS, PO Box 10469, The Terrace, Wellington 6143
Fax: + 64 (0)4 473 2918 or to: office@nziqs.co.nz.