

Appointment Form

GENERAL INFORMATION REPRESENTATION

Select which basis you would like us to represent you

- Appointment to act on a Full Advice Basis - Authority to act as your Financial Adviser/Broker
- Appointment to act on a Limited Advice Basis - Authority to report/obtain a quotation

I/we further authorise you to obtain and use all necessary information, including personal information, required to enable you on my/our behalf to evaluate, arrange, administer, maintain or alter my/our general insurance policies/programme and manage all claims. This includes, but is not limited to, obtaining information from me/us, other parties and previous and current insurers.

I/we agree that you may disclose my/our personal and all other information collected to other parties for these purposes.

I/we further agree to the personal information you collect being held at your business premises. I/we acknowledge that under the Privacy Act, I/we have the right to access and request correction of my/our personal information.

I/we acknowledge that the Insurers with whom you place my/our general insurance programme will provide consideration to you for doing so.

I/we further acknowledge that you may also charge a fee for placing my/our general insurance programme and that this charge will form part of the total amount due. Our remuneration may include investment income earned from premium payments before they are forwarded to insurers. This is permitted by the Insurance Intermediaries Act 1994. If you arranges a loan for you to pay premiums, it may earn remuneration or dividends for doing so. I/we consent to this.

I/we also acknowledge payment is to be made promptly on the date specified in your tax invoice. Should payment not be made by the date specified, I/we acknowledge that my/our insurance may be cancelled or voided following not less than 7 days notice in writing to me/us at my/our last known address. It is further acknowledged, I/we may be liable for any late payment or collection costs incurred.

We will cancel a policy arranged on your behalf when instructed by you to do so or for non-payment of premium. In the event of cancellation of the policy we are entitled to retain our remuneration including fees, commissions and brokerage paid by the Insurer. We will refund to you any balance refunded from the Insurer.

I/we also consent to you sending me/us commercial electronic messages at any time in the future.

I/We hereby authorise to act as my/our insurance broker.

To obtain and use all necessary information, including personal information, required to enable them to consider my/our general insurance requirements and obtain quotations for my/our general insurance policies/programme.

This includes, but is not limited to, obtaining information from previous insurers and passing it onto Insurers who may be interested in quoting for my/our general insurance programme.

I/we further request that you release all particulars of my/our general insurance programme (including risk management and claims information) to them and render any assistance they may require.

I/we also consent to you sending me/us commercial electronic messages at any time in the future.

I/we understand this is an authority to report and quote only. It is not an authority to act as Financial Adviser/Broker. If the report and quotation supplied is accepted then I/we will sign a Letter of Appointment to Act as Financial Adviser/Broker.

ORGANISATION DETAILS

Company/Entity name

Address

CONTACT DETAILS

Gregan & Company Limited FSP760551, trading as Gregan & Co is the Financial Advice Provider.

Call: 0800 299 3100

Email: insure@gregan.co.nz

Write to: PO Box 11704, Ellerslie, Auckland 1542

AVAILABILITY OF INFORMATION

This information can be provided in hardcopy at your request.

This Appointment Form was prepared on: 10 June 2022