



Syndicate Registration Form

Return form to:
AIMHCNZ Registrar: Linda Jackson
93 Manutahi RD, RD 2, New Plymouth
4372
Or email
aimhcnz.registrar1@gmail.com

Name of Syndicate:

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Address for all correspondence:

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Nominated contact Name: _____

Phone: _____

Email: _____

Ownership Type: please circle one **joint** **common**

- If ownership is **joint**, then any one nominated signature will be required for any registry purpose, EXCEPT the signature of ALL listed owners will be required for applications for registration, transfers of ownership, notices of lease or endorsement applications.
- If ownership is **common**, the signatures of all listed owners will be required for ALL registry transactions.

Declaration:

I/We hereby certify that all information supplied in relation to this syndicate registration is true and correct to the best of my/our knowledge.

Names of Syndicate Members:

Full name	Signature	Date