



Change of Details Form

Please check all your details on the register before you complete this form, to ensure that all required changes or new details are included. If you wish to provide details for more than one business, please photocopy this form and complete it for each separate business.

NOTE: Only one business is recorded on the register. If you provide the details of an additional business, these will not be placed on the register unless you indicate that you prefer this business to be the one named on the register. A staff member of the Immigration Advisers Authority will contact you to confirm all your details.

Send the completed form to:

By post:
The Registrar
Immigration Advisers Authority
PO Box 6222
Victoria Street West
Auckland 1142

By email:
info@iaa.govt.nz

PLEASE SELECT THE APPROPRIATE OPTION

- My primary business/employer currently recorded on the register is unchanged, but some or all of the contact details have changed
- This business/employer is my new primary business/employer. These details should be displayed on the register.
- This business/employer is a secondary business/employer. These details are for the Immigration Advisers Authority's information, not to be displayed on the register.

SECTION 1 PLEASE COMPLETE THE FOLLOWING DETAILS AS THEY CURRENTLY APPEAR ON THE REGISTER

Full legal name

IAA licence number



SECTION 2 PLEASE COMPLETE THE FOLLOWING DETAILS THAT YOU WISH TO ADD OR CHANGE ONLY

2

Full legal name

IF YOU HAVE CHANGED YOUR LEGAL NAME, YOU MUST PROVIDE PROOF—EITHER A CERTIFIED COPY OF YOUR DRIVER LICENCE OR A CERTIFIED COPY OF THE PAGE OF YOUR CURRENT PASSPORT THAT SHOWS YOUR PHOTOGRAPH AND PERSONAL DETAILS.

Preferred name

Business/Employer name

*Employment status with the above business/employer. Please tick one box only.

Director Self-employed Employee Contractor Volunteer

Business address (*this cannot be a PO Box*)

Business phone

+

(+ COUNTRY CODE - AREA CODE - LOCAL NUMBER)

Mobile phone

+

(+ COUNTRY CODE - AREA CODE - LOCAL NUMBER)

Business fax

+

(+ COUNTRY CODE - AREA CODE - LOCAL NUMBER)

Business email

Website address

Address for service

YOU MAY PROVIDE ONE PHYSICAL ADDRESS ONLY FOR SERVICE OF DOCUMENTS.

Postal address

YOU MAY PROVIDE ONE POSTAL ADDRESS ONLY.

*Home phone

+

(+ COUNTRY CODE - AREA CODE - LOCAL NUMBER)

ITEMS MARKED WITH * WILL NOT APPEAR ON THE REGISTER.

I declare that the details I have provided in this form are true and correct.

Signed

Date of birth

DAY

MONTH

YEAR