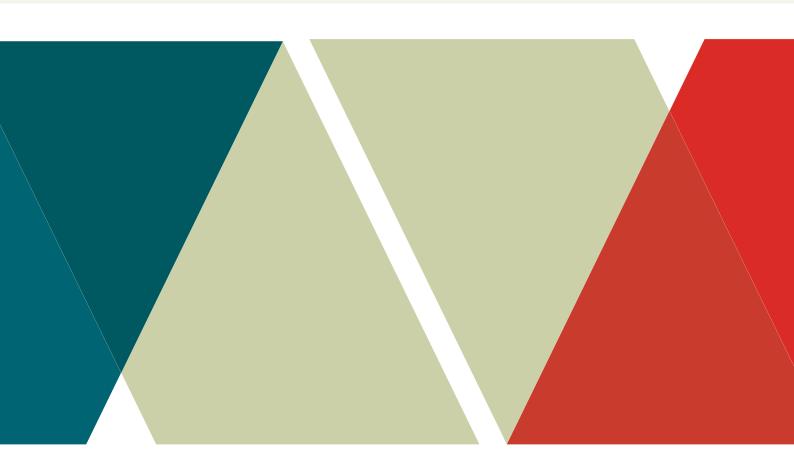


FORM 501

NOT-FOR-PROFIT RECOGNITION APPLICATION

This application form is for individuals who are applying for not-for-profit status for the first time or who are seeking to renew their not-for-profit status.

FEBRUARY 2020





WHAT YOU NEED

- 1. This application form is for individuals who are applying for not-for-profit status for the first time or who are seeking to renew their not-for-profit status
- 2. Before completing this application form check that you meet the requirements for the recognition of not-for-profit status below.

REQUIREMENTS

Under the Immigration Advisers Licensing Regulations 2008, advisers are not required to pay a licence application fee or immigration advisers levy if they:

- > Act on a not-for-profit basis
- > Are employees of, or volunteers working for, organisations operating on a not-for-profit basis.

You will need to select whether you are an individual seeking not-for-profit status or one who works for a not-for profit organisation.

You must apply for the recognition of your not-for-profit status **two months before** you submit an initial, renewal or upgrade application.

IMPORTANT NOTES

- On the cover page of this application form is the date of issue. Please check that you are using the latest application form before continuing as old application forms will not be accepted. Check www.iaa.govt.nz for the latest versions of all forms.
- Please read through the application form before you start. This will give you a clear idea of what you need to provide
- 3. This paperclip symbol indicates that there are documents you need to attach to your application form.
- 4. You will be required to make a statutory declaration. A full list of people who can certify documents can be obtained from **sections 9 and 11 of the Oaths and Declarations Act 1957**.
- 5. Some of the information you provide will be displayed on the public **register of licensed immigration advisers**. The information that will be displayed on the register is identified in the application form with this symbol
- 6. All information and supporting documentation provided in this application form must be in English.
- 7. If you leave out any information or supplementary documentation required, your application **may not be accepted**.
- 8. When you have completed your application form and the supplementary documentation, clip them together with any other attachments in one package addressed to the postal or physical address of the Authority. You may also deliver your application in person to the Authority during business hours.
- Please do not send a courier package to the Authority's postal address. This may cause a delay in lodging your application.
- 10. You must retain a copy of your application form, supplementary documentation and any attachments you provide for your own records. You may be asked by the Authority to refer to this information during the assessment of your licence application.
- 11. On receipt of your application it will be checked to confirm that it is complete. If your application is complete, it will be lodged and assessed.
- 12. The Registrar may contact persons authorised by you for the purpose of verifying the information you have provided.
- 13. The Registrar will then decide whether your application for the recognition of not-for-profit status should be granted or refused.

CONTACT DETAILS FOR THE AUTHORITY

Freephone (New Zealand only): 0508 IAA IAA (0508 422 422)

Phone (outside New Zealand): + 64 9 925 3838

Email: info@iaa.govt.nz
Website: www.iaa.govt.nz

Postal

Registrar of Immigration Advisers Immigration Advisers Authority PO Box 6222 Victoria Street West Auckland 1142

Courier

Registrar of Immigration Advisers Immigration Advisers Authority – MBIE Level 8, 167B Victoria Street West Auckland 1010 New Zealand

PRIVACY NOTICE

The information you provide in this form is required, or requested, pursuant to the Immigration Advisers Licensing Act 2007.

All personal information submitted with this application form will be kept and maintained by the Registrar of Immigration Advisers in accordance with the Privacy Act 2020.

The personal information provided will be used:

- > to determine whether your application for not-for-profit status may be granted
- > for the maintenance and administration of the public register of licensed immigration advisers; and
- > for the maintenance and administration of the immigration advisers licensing regime.

Personal information may be disclosed by the Registrar of Immigration Advisers in certain circumstances as authorised by the Immigration Advisers Licensing Act 2007, or as otherwise permitted by the New Zealand Privacy Act 2020.

You have the right to access, and to have corrected, any information about you that is held by the Registrar of Immigration Advisers.

Items marked with will appear on the public register of licensed immigration advisers. If any of your personal or contact details change at any time, you are required under section 26 of the Immigration Advisers Licensing Act 2007 to advise the Authority of this immediately.

1 =

ECTION 1	PERSONAL DETAILS
ECHON	FERSONAL DETAILS
Title	Mr Mrs Miss Ms Other (please specify)
YOUR PRI	L LEGAL NAME WILL APPEAR ON THE PUBLIC REGISTER OF LICENSED IMMIGRATION ADVISERS. EFERRED NAME WILL BE INDICATED IN BRACKETS ON THE PUBLIC REGISTER OF LICENSED TION ADVISERS ¹
Legal fam	nily/last name
Legal firs	st/given names
Preferre	d family/last name
Preferre	d first/given names
Other na	mes
Date of b	irth MONTH YEAR
ECTION 2	CONTACT DETAILS usiness address (this cannot be a PO Box)
	ness address must be the location where you mainly conduct business. Please note that only ness address will be added to the public register of licensed immigration advisers.
	be working for more than one business, you must photocopy this page and complete it for each you will be working for.
Business	/Employer name
Address I	Line 1
Address I	Line 2
Suburb	
Town/City	<u> </u>

¹ For applicants intending to apply for a licence for the first time, your details will not be published until you have submitted a licence application and a decision has been made by the Registrar.

Region/State	
ostcode	Country
What is yo	u status with this company or organisation. Please tick one only.
Director C	Self-employed
Service ad	dress (this cannot be a PO Box)
	be added to the public register of licensed immigration advisers. If this address is business address as above, please provide it below.
Business/Employe	er name
Address Line 1	
ddress Line 2	
uburb	
own/City	
legion/State	
ostcode	Country
osteode	Country
Postal add	ress (if different from business address provided above)
	one postal address for the business listed above. This address will be added to the flicensed immigration advisers.
ddress Line 1	
ddress Line 2	
uburb	7
le:	
own/City	
logion/State	
Region/State	
ostcode	Country

Other contact details Business phone		Direct detail phone
+ Priorie		+
' [Mobile		'L Fax
+ Hobite		+
' [Home phone		'
+ Priorie		
These numbers will be for inte	ernal use only. It will not appear on the	public register of immigration advisers.
Business email		
Business website		
If you consent to t	the inclusion of the following do	etails on the register, please tick the relevant box
Business phone	Direct dial phone	Mobile
Fax	Business email	Business website
) lax	Dusilless etilali	Dusiliess website
I am applying for the	NILS e recognition of not-for profit sta ew my not-for-profit status	tus for the first time
I am applying for the	e recognition of not-for profit sta	tus for the first time
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Please provide the full name and contact details of a person who can verify the information provided by you		
You must confirm all statements below:		
I authorise the Authority to contact the nominated person above.		
I confirm that I will not profit financially from the immigration advice activity, will not charge more than nominal fees for the services provided, and will not charge for my time.		
I confirm that the information provided to the Authority is true and accurate to the best of my knowledge		
5B FOR INDIVIDUALS RENEWING THEIR NOT-FOR-PROFIT RECOGNITION STATUS ONLY All questions under this section must be completed.		
Has the context in which you have provided immigration advice changed? (Tick one only)		
○ Yes ○ No		
If yes, please provide further details		
Please provide the full name and contact details of a person who can verify the information provided by you		
You must confirm all statements below:		
I authorise the Authority to contact the nominated person above.		
I confirm that I will not profit financially from the immigration advice activity, will not charge more than nominal fees for the services provided, and will not charge for my time.		
I confirm that the information provided to the Authority is true and accurate to the best of my knowledge		

SECTION 6 INDIVIDUALS WHO WORK OR VOLUNTEER FOR A NOT-FOR-PROFIT ORGANISATION

6A FOR INDIVIDUALS APPLYING FOR NOT-FOR-PROFIT RECOGNITION FOR THE FIRST TIME ONLY			
All questions under this section must be completed.			
l am intending to Work Volunteer (select one) for a not-for-profit organisation			
Please provide a summary of the context in which you wish to provide immigration advice			
I confirm that the organisation (you must confirm all statements below):			
Is an organisation in its own right			
One that does not return profits to those who own or control it			
One that does not charge more than a nominal fee for the services provided			
Is institutionally separate from government			
Is self-governing			
One that has voluntary membership and participation			
One that does not have a commercial purpose or interest			
Please provide any further information regarding the organisation in which you intend to work or volunteer for on a not-for-profit basis			

Please provide the full name and contact details of an authorised officer of the organisation who can verify the information provided by you		
I authorise the Authority to contact the nominated authorised officer above.		
Supporting documentation for workers or volunteers for not-for-profit organisation		
You are required to attach the following supporting documentation:		
A letter signed by an official on the letterhead of the organisation you work or volunteer for, confirming that you intend to provide immigration advice on a not-for-profit basis when licensed. The letter must also set out your role and responsibilities within the organisation. This must be dated within the last month.		
A copy of the Memorandum and Articles of Association, Constitution or other founding documents of the organisation.		
A copy of the certificate of incorporation for the organisation (if applicable).		
A copy of the last annual report or financial accounts for the organisation.		
I confirm that the information provided to the Authority is true and accurate to the best of my knowledge		
6B FOR INDIVIDUALS RENEWING THEIR NOT-FOR-PROFIT RECOGNITION STATUS AS A WORKER OR VOLUNTEER ONLY		
All questions under this section must be completed.		
Has the context in which you have provided immigration advice changed? (Tick one only)		
Yes No		
f yes, please provide further details		

Please provide the full name and contact details of an authorised officer of the organisation who can verify the information provided by you
I authorise the Authority to contact the nominated authorised officer above.
Supporting documentation for workers or volunteers for not-for-profit organisation
You are required to attach the following supporting documentation:
A letter signed by an official on the letterhead of the organisation you work or volunteer for, confirming that you intend to provide immigration advice on a not-for-profit basis when licensed. The letter must also set out your role and responsibilities within the organisation. This must be dated within the last month.
I confirm that the information provided to the Authority is true and accurate to the best of my knowledge

SECTION 7 STATUTORY DECLARATION

This declaration must be made in front of a person authorised to witness a statutory declaration. See sections 9 and 11 of the Oaths and Declaration Act 1957.

Warning: The giving of false information in this application form is an offence under section 66 of the Immigration Advisers Licensing Act 2007 with penalties of imprisonment of up to two years and/or a fine of up to \$10,000 and will result in your application for a licence being refused.

I, (full name of applicant)					
of (address)					
Oc	cupation				
do	solemnly and sincerely declare the following:				
1.	I meet the not-for-profit criteria set out on the Immigration Advisers Authority website; and				
2.	The information I have provided in this application form, its attachments and accompanying supporting documents is complete, correct and up to date in every detail to the best of my knowledge; and				
3.	Any representations I have made in this application form, its attachments and accompanying supporting documents are true and correct to the best of my knowledge; and				
4.	I am not aware of any other matter relevant to the assessment of my recognition for not-for-profit status that I should bring to the attention of the Registrar of Immigration Advisers; and				
5.	I am not aware of any matter relevant to my fitness or competency to hold a licence; and				
6.	I understand that, unless I am licensed or exempt, I may not provide New Zealand immigration advice; and				
7.	I understand that I must give written notice to the Registrar of Immigration Advisers of any relevant change to the information provided with my application for recognition of not-for-profit status and that notice of any change of circumstances must be provided to the Registrar within 10 working days after the change; and				
8.	I understand that it is an offence under the Immigration Advisers Licensing Act 2007 to supply false or misleading information with this application; and I believe the statements in this declaration are true in every particular; and				
9.	I have read and understood the obligations of an immigration adviser under the Licensed Immigration Advisers Code of Conduct.				
	ID I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths d Declarations Act 1957.				
	on this day of 20				
Sig	gnature of applicant				
Ве	fore me				
(sig	nature of person before whom declaration is made)				
Print full name					
(na	me of authorised person)				
Title of authorised person					

(as defined in the Oaths and Declarations Act 1957)