

FSP Authority Code:

*(You must initiate your request for Authority online to obtain this code, it is only required if the fax option is selected)*

To: The Registrar of Financial Service Providers

Your name:

Your email address

Your phone number:

Date:

## Letter of Authorisation

I,

*(Applicant's full name - this should be a senior person within the organisation)*

*(Applicant's position within the organisation)*

Of

*(Organisation's name)*

### CHECKLIST (please tick)

I confirm that:

I have followed these steps before submitting this form:

1. Searched the register for the FSP below.
2. Clicked on the FSP name to view the FSP details.
3. Selected **My Tools**, then chosen **Request Authority** and completed the online request process.

I am legally authorised to request Authority in respect of:

FSP name

FSP number

Yours faithfully

.....  
*(Signature of applicant)*

### We can only process your request if you have initiated your request online before submitting this form.

Depending on the method you selected while making your request online, you can:

1. Upload an electronic copy of this signed letter of authorisation using the online Registrar Approval Service or
2. Fax it to us at 0508 437 732 (0508 4 FSP FAX)

For further assistance regarding requesting Authority, please visit: <http://www.business.govt.nz/fsp/about-the-fspr/authority-management>