

The New Zealand Credit & Finance Institute Incorporated

Application for Graded Membership

Personal Details

NAME: MR/MRS/MS/DR

ADDRESS: POST CODE:

PHONE NUMBER(S): FAX NUMBER: EMAIL:

DATE OF BIRTH:

OCCUPATION:

Current Employer's Details

NAME OF COMPANY (In full):

ADDRESS:

..... POST CODE

PHONE NUMBER(S): FAX NUMBER EMAIL:

Category of Grading Applied for

MEMBER

AFFILIATE

ASSOCIATE

CCE

- I apply to become a graded member of the New Zealand Credit and Finance Institute Incorporated
- I agree that the NZCFI may obtain information about me from any other person, and any credit or collection agency in the course of the NZCFI's business, and I consent to any persons providing the NZCFI with that information.
- I agree that the NZCFI may retain and use any information it has about me to assess my membership application, my credit worthiness and that the NZCFI may give that information to any other persons or company, for the collection of any money due. The NZCFI may use this information for marketing purposes.
- I agree to notify the NZCFI of any change in circumstances that may affect the accuracy of the information provided. If I am an individual, i.e. a natural person, I have a right under the Privacy Act 1993, to access and request the correction of any personal information which the NZCFI holds about me.
- Information provided to the NZCFI is provided on the understanding that it is evaluative material in terms of Section 29 (1) and 29 (3) of the Privacy Act 1993.

Signature: Date:

Please mail this form to the Executive Director, New Zealand Credit & Finance Institute Incorporated, PO Box 34-127, Birkenhead Auckland.



The New Zealand Credit & Finance Institute Incorporated

Graded Membership Categories

- **Member** – an ungraded person who acknowledges the importance of the credit profession and seeks to gain an improved understanding of the role of credit through membership of the NZCFI.
- **Affiliate** – a person involved in an associated profession. Examples are accounting, legal, banking, credit teaching, mercantile reporting, collection agencies, credit insurance and employment agencies.
- **Associate (ANZCFI)** – a person with proven experience at a credit management level over an approved period subject to the NZCFI grading criteria.
- **Certified Credit Executive (CCE)** – a person who has passed the prescribed course of examinations as set down from time to time by the NZCFI.
- **Fellow (FNZCFI)** – a person who has a record of outstanding achievements in th NZCFI activities and who has been a member for at least five years, such applications to be approved by the NZCFI board.
- **Life Member** – as proposed by the Board and approved by an Annual General Meeting.

Applications for membership as a Member

- A character reference must accompany application for grading as a member.

Application for membership as an Affiliate

- A character reference and a business reference must accompany applications for grading as an Affiliate.

Applications for membership as an Associate (ANZCFI) and certified Credit Executive (CCE)

Criteria for applications in this category:

- A character reference and a business reference/s must accompany applications for grading in these categories.
- The business reference/s must state in detail the nature and extent of the duties performed by the applicant currently and during a three year period up to the date of the application for grading.
- Applicants must currently spend, and during the three year period up to the date of the application for grading have spent, a minimum of 60% of their time at work in the area of credit control and/or credit management. The business reference/s must confirm that these requirements are able to be met by the applicant.
- In order to maintain grading in these categories, the applicant agrees to maintain the minimum of 15 hours per annum of formalized continuing professional development as defined by the Board of the NZCFI from time to time.

The above note should be read in conjunction with the New Zealand Credit & Finance Institute member's handbook.

Please mail this form and the appropriate references and attachments to the Executive Director, New Zealand Credit & Finance Institute Incorporated, P O Box 34-127, Birkenhead, Auckland.



The New Zealand Credit & Finance Institute Incorporated

Application for Company Membership

Company Details

NAME OF COMPANY (In full):

ADDRESS:

..... POST CODE

PHONE NUMBER(S):..... FAX NUMBER EMAIL:.....

CONTACT PERSON: MR/MRS/MS/DR

JOB TITLE:

- I apply to become a member of the New Zealand Credit and Finance Institute Incorporated
- If I am admitted as a member I agree to comply with the current and future Rules and By-laws of the NZCFI as amended and notified to members from time to time.
- I agree that the NZCFI may obtain information about me from any other person, and any credit or collection agency in the course of the NZCFI's business, and I consent to any persons providing the NZCFI with that information.
- I agree that the NZCFI may retain and use any information it has about me to assess my membership application, my credit worthiness and that the NZCFI may give that information to any other persons or company, for the collection of any money due. The NZCFI may use this information for marketing purposes.
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Signature: _____ Date:

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The New Zealand Credit & Finance Institute Incorporated

Application for Individual Membership

Personal Details

NAME: MR/MRS/MS/DR
ADDRESS: POST CODE:
PHONE NUMBER(S): FAX NUMBER: EMAIL:
DATE OF BIRTH:
OCCUPATION:

Current Employer's Details

NAME OF COMPANY (In full):
ADDRESS:
..... POST CODE
PHONE NUMBER(S): FAX NUMBER EMAIL:

Character Reference

The applicant is required to provide the name of a character reference or if the applicant is known to a member of the Institute, the name and address of that member.

NAME:
ADDRESS: POST CODE:
.....
PHONE NUMBER(S): FAX NUMBER: EMAIL:

Educational Information

Secondary and Tertiary education standard attained:

.....
SCHOOL/COLLEGE ATTENDED: YEAR:
Professional and Management Education, Degrees, Diplomas, Certificates held. State where obtained and the year.

Current Studies – courses
OTHER INFORMATION:

NZCFI Member/Sponsor

NAME:
ADDRESS POST CODE:
COMPANY/ BUSINESS employed by:
POSITION:
PHONE NUMBER(S)..... FAX NUMBER: EMAIL:

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