



# Continuing Professional Development

## Subscription Form

Complete the  
CPD subscription  
form and **fax to**  
**+64 4 471 1016**

### 1. Contact details

Title:  Mr  Mrs  Ms  Miss Date of Birth: \_\_\_\_\_  
 Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone (w): \_\_\_\_\_ Mobile: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Company: \_\_\_\_\_ Dealer Name: \_\_\_\_\_  
 Position/Role: \_\_\_\_\_

### 2. Please indicate years of financial services industry experience

Over the last five years: New entrant  0-1 years  1-5 years  5-10 years  10 + years

### 3. Area of interest

Managed Investments  Generic Knowledge  
 Financial Planning  Superannuation (Australian market)  
 Securities  Practice Management  
 Insurance / Risk Management  Foreign Exchange

### 4. CPD obligation

Please advise your target CPD points/hours to attain per annum. **Target CPD points/hours**

### 5. Continuing Professional Development (annual fee per adviser, GST exclusive)

	<b>Fee</b>
<input type="checkbox"/> 1- 9 Advisers	\$360
<input type="checkbox"/> 10+ Advisers	\$350
<input type="checkbox"/> 50+ Advisers	\$340
<input type="checkbox"/> 100+ Advisers	\$330
<input type="checkbox"/> 300+ Advisers	\$300

For subscriptions greater than nine (9) users, please provide full names of advisers in excel format.

### 6. Discount

Credit Card Payment (payment received in full at time of booking)  10% \$ \_\_\_\_\_

### 7. Payment

**Total** \$

Please debit my:  Visa  MasterCard  
 No.:

Card Holder's Name: (please print) \_\_\_\_\_ Expiry: \_\_\_\_/\_\_\_\_/\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

A bank transfer has been made to "AdviserLink" BSB: 03-0104 Account: 0197-397-000 or  
 My cheque payable to "AdviserLink" is enclosed.

### 8. Declaration

You declare that all the information provided by you in the Subscription Form is true and correct and that you have read and agree to be bound by the terms and conditions contained in the Student Information Guide and the Agreement. You also grant Adviserlink consent to email you information in relation to its Approved Products and Services and to use your course feedback and any content collected during your studies in marketing and coursecontent.

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### 9. When complete:

Please fax with credit card details to Adviserlink on **+64 4 4711 016** or scan-email to [training@adviserlink.co.nz](mailto:training@adviserlink.co.nz) or mail a cheque to **AdviserLink, PO Box 1056, Wellington New Zealand 6140**

**Phone**  
 NZ : 0800 932 567  
 Int : +64 4 471 1975

**Email**  
[training@adviserlink.co.nz](mailto:training@adviserlink.co.nz)

**Web**  
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