



Letter of Authorisation

To: The Registrar of Financial Service Providers

Your name:

Your email address

Your phone number:

Date:

I,

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

(Applicant's position within the organisation)

Of

(Organisation's name)

I confirm that:

I am legally authorised to confirm my authority in respect of:

Financial Service Provider (FSP) name

FSP number

Yours faithfully,

.....
(Signature of applicant)

We can only process your request if you upload a signed copy of this letter using our online form

<https://fsp-register.companiesoffice.govt.nz/confirm-authority>

For further assistance about confirming authority to update records on the Financial Service Providers Register, please visit our website: <https://fsp-register.companiesoffice.govt.nz>