

EXPRESSION OF INTEREST

To express your interest in the Consumer Trusted accreditation programme, please complete the details below.

1. Business det	ails					
Business name:						
Physical address: (Head Office)						
Accounts address: (if different from physical address)						
Website/s:						
	PHONE	MOBILE		EMA	AIL	
Number of commu	nications centres:		Numbe	er of ı	retail/service sites and agents (if applicable)	
Locations:						
Number of staff in c	communications centres:					
Annual turnover:						
			'			
2. Documentat	ion					
Please provide:						
Trading Act, the Consur					ce or regulations (e.g. the Fair Attach ractice etc.) have been investigated	ed None
Any customer dispute within the last 24 month	es that have required resoluti ns.	on by a Third Party	or independ	dent	Disputes Resolution Service	
	on of Interest assessment pro edback received regarding y				available information about your r NZ Advisory Service.	
3. Declaration						
	or provided to Consumer NZ of acknowledge that your confi					
	d is accurate and complete at					
NAME:			SIGNATUR	RE:		
OSITION:			DATE:			

Please email your Expression of Interest to: elisa@consumer.org.nz

Should you have any questions about completing this form please contact Elisa Lamb, Consumer Trusted Assessor, elisa@consumer.org.nz, 04 801 0881. Consumer NZ, PO Box 932, Wellington 6140, New Zealand.