

Guide: Participating Agency Questionnaire

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General Information

Your hosted service provider

AMLHUB

Hosted service organisation name

(Your organisation name)

Organisation name (as it appears on the New Zealand Companies Register or Charities Register)

(Organisation legal name. If a DBG, list all companies)

Registration number:

(Company registration number. If a DBG, list all relevant)

Please provide information detailing the nature of the organisation's business, including core services

Licensed Real Estate Agency

Please advise the purposes for which the organisation will carry out identity information checks

AMLCFT

If "Other" please explain

Is the organisation listed as a Participating Agency in the EIV Act 2012?



Yes



No

If "yes" which class applies (or is the organisation individually named)?

Real Estate Agency

Besides full name and date of birth, is there a business requirement for place of birth and/or gender to also be provided?



Yes



No

If yes, please advise which attribute(s) and explain the need for the additional attribute(s)

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Security and Risk Management

Does the organisation have an established Privacy Policy or provisions in place to comply with the Privacy Act 2020?



Yes



No

If "Yes", briefly describe the policies. (Evidence may be requested)

(please give 1 or 2 sentences to describe how you comply with the Privacy Act)

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For Part 3 of the Questionnaire, please enter details as they apply to your organisation.