Guide: Participating Agency Questionnaire

Page 1 of 3 2 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 Licenced 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

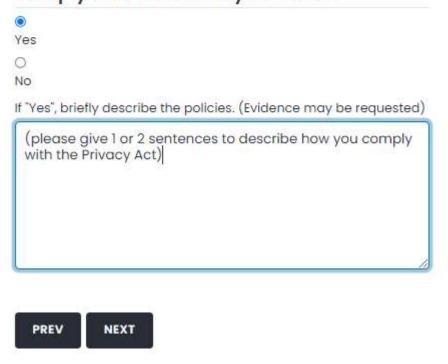
If yes, please advise which attribute(s) and explain the need for the additional attribute(s)

NEXT



Security and Risk Management

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



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