

## **Application to undertake online transactions with REPs (including re-registration)**

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**City:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

I agree that all online forms completed in my name that correctly provide my date of birth and email address (the current address as notified to REPs) will be binding (it forms a contract with REPs). In signing this form, I also agree to also be bound by any electronic "ticking" of conditions / terms boxes.

Notification will be sent to your email each time a transaction has taken place. REPs must be notified promptly (within 24 hours) if there is an error.

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature:** \_\_\_\_\_

**REPs # if known:** \_\_\_\_\_

**Fax Back to 0800-248-348 or  
post to PO Box 22-374 Christchurch**