



Hail - Fleet Application for Membership (current operator form)

Notes:

This form is for use by those wishing to apply for membership of Gold Band Taxis (Christchurch) Society Limited ("the Society"), incorporated under the Industrial and Provident Societies Act 1908.

This application form must be completed by the applicant (in his/her own hand writing)

All information given will be treated in confidence and used to assess your membership application.

Failure to disclose any relevant information, or the giving of false or misleading information, may result in your application being rejected, or in later termination of your Gold Band Driver Permit and/or Membership.

A \$300 non-refundable application fee must be paid when submitting this form, and a \$700 administration fee must be paid after Board acceptance and prior to commencement.

Initials: _____

GOLD BAND TAXIS (CHRISTCHURCH) SOCIETY LTD

Franchise No. _____ / Cab No. _____

APPLICATION FOR MEMBERSHIP

Membership Type Applied for:

Full Member (Shareholder) or Associate Member ('Franchisee' or 'Lease' or 'Hail')

Full Name: Mr/Mrs/Miss/Other _____

Date of Birth: _____

Current Address: _____

Previous Address: _____
(Required only if at current address less than 12 months)

Email Address: _____

Phone: (Home): _____ (Mobile) _____

Trading Name (if a company/partnership/trust): _____ (**))

Are you now, or have you ever been, a Taxi Operator: YES / NO

If YES, which taxi company(ies): _____

Do you drive, or have you previously driven, a Gold Band Taxi?: YES / NO

If YES, which member did you drive for: _____

For what period?: From _____ To _____

Previous business or employer: _____

Name of TWO Work Referees (NOT anyone within Gold Band Taxis)

(Note: We may contact these people for references before your membership commences – if you have concerns about this please discuss this with management)

1. Name: _____

Relationship: _____ Telephone: _____

2. Name _____

Relationship: _____ Telephone: _____

() Note:**

If you intend to trade as a limited company/trust, you will need to sign a personal guarantee.

Initials: _____

DETAILS OF PROPOSED VEHICLE

Is vehicle already operating as a Gold Band Taxi?: YES / NO

If YES, what is its fleet number?: _____

If NO, has vehicle been approved for the fleet YES / NO

If YES, by whom, and when?: _____ / _____

Registration No.: _____

Fuel Type: Petrol / LPG / Hybrid / Other _____

Passenger Capacity: _____ (Note: exclude driver)

Make: _____

Model: _____

Body Type: Sedan / Lift Back / Station Wagon / Van

Paint Colour: _____

Distance travelled: _____ km

Was vehicle imported?: YES / NO

If YES, what date was it first registered in NZ: _____

Note:

Vehicles proposed for the Gold Band Fleet must meet all the criteria contained in the Fleet Vehicle Policy, a copy of which can be obtained from Reception if required.

Initials: _____

A) DRIVER LICENCE INFORMATION

I/We acknowledge that the provision of driver licence information is mandatory for this Application, and that if I/we do not provide this information, the Society may reject my Membership Application.

Initials: _____

B) THE SOCIETY'S USE OF PERSONAL INFORMATION

I/We acknowledge that The Society will collect and use the information set out in this application to assess whether to approve my application for Membership of the Society. The Society will hold the information securely and will only use it in developing and running the Society and/or providing me/us information about products and services that the Society thinks might be of interest to me/us (including from any business partners selected by the Society). If I/we ask the Society not to provide me/us with this information, the Society will comply with my/our request.

I/We may ask the Society to show me/us the information it holds about me/us and to make corrections to it, unless there is a good reason for withholding information under the Privacy Act or otherwise. I/We agree that the Society or any authorised agent of The Society may collect information from any person who can provide The Society with information that is of relevance to it. I/We consent to the Society giving my/our information to any person who can assist it in developing or running its business. I/We consent to the Society providing my/our identity information to, or collecting additional information from, other organisations for the purpose of verifying my/our identity.

Initials: _____

C) REFERENCE CHECKS

I/we acknowledge that the Society **may** contact any or all of the following organisations – the New Zealand Transport Agency, the Christchurch International Airport Limited, and/or any other employers or businesses for whom I/we have worked (as delivered by the applicant in the references section of this application – in connection with my Application; and I/we hereby give my/our consent for the Society to do so.

Initials: _____

D) CREDIT CHECK

I/we understand that the Society will credit check me/us. As part of that credit check, the Society will give my/our information to credit reporting agencies, and credit reporting agencies will give my/our information to the Society. Credit reporting agencies will use the information provided by the Society to update their credit reporting databases. When other parties use the credit reporting agencies' services, they will be provided my/our updated information.

The Society might use credit reporting agencies' services in the future for purposes related to the provision of credit in respect to my Society Membership. For example, the Society may use credit reporting agencies' monitoring services to receive updates if any of the information held about me/us changes. If I/we default in my/our payment obligations to the

Society, the default information will be listed on the credit reporting agencies' databases and will therefore be disclosed to other parties when they use the credit reporting agencies' services.

Initials: _____

E) BANKRUPTCY

I declare that I am not a bankrupt or an un-discharged bankrupt and that the information provided by me is true and correct. I undertake to pay all monies due to the Society, as set out in its Constitution, By-Laws, Policies, Procedures, and/or any other documents in use by the Society from time to time.

Initials: _____

F) INFORMATION IS TRUE

I/We declare and confirm that all of the information provided in this application is true and correct, including all of the declarations above. I/we have made no misleading statement nor omitted anything that would be of relevance to Gold Band Taxis (Christchurch) Society Limited ("the Society") in its consideration of my Application for Membership. I understand and accept that if I withhold information or provide false or misleading information this may result in my application being rejected, or in later termination of my Gold Band Driver Permit and/or Membership

I/We will notify the Society immediately if there is any change in any information given in this application.

Initials: _____

SIGNATURE

I/we sign this application form willingly and voluntarily. By doing so, I am/we are evidencing my/our stated understanding of, and consent to all matters set out in this application form, and I/we consent to the Society collecting and using my/ our personal information and conducting a credit check and a Ministry of Justice criminal record check, subject to the terms and conditions above.

I/we understand that a \$300 non-refundable application fee must be paid when submitting this form (no action will be taken with regard to assessing the application, until the application fee has been paid), and a \$700 administration fee must be paid after Board acceptance and prior to commencement.

(Note: To be signed by all applicants):

Full Name (**Main Applicant**)

Signature

Date

Full Name (*Joint Applicant*)

Signature

Date

Full Name (*Joint Applicant*)

Signature

Date

CHECKLIST – Applicant

The following information is required to be attached to the application:

- ☐ Copy of Drivers Licence and ID Card *
- ☐ P-Endorsement must be clearly shown on driver licence *
- ☐ Copy of Passenger Service Licence or equivalent *
- ☐ Attendance at in-house training course (date _____) *
- ☐ Copy of in-house Permit Test (open-book) “Pass” certificate *
- ☐ Copy of Assessment of Candidate (6-hour practical) *
- ☐ Details of Company or Partnership *(if applicable)* *
- ☐ Copy of proof of GST Registration (e.g. a copy of a blank GST return, confirming your number) *

(* = These items, once on file, together constitute a “Gold Band Permit”)

CHECKLIST – Board

- ☐ Date Application Received (date _____)
 - ☐ Notice on Gold Band Notice Board – including photo (date _____)
 - ☐ Date/Time to meet with Board (date _____)
 - ☐ Application Granted by Board? YES/NO (date _____)
 - ☐ Agreed Effective Date (date _____)
 - ☐ Any conditions attached to the Board’s approval:-
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CHECKLIST – Staff Team

- ☐ Admin/Operations/ Tech Services Dept’s informed of approval? (date _____)
- ☐ Date when vehicle has been booked for fit-out (date _____)
- ☐ Fleet Number assigned to cab? (date _____)
- ☐ Copy of Vehicle Registration Papers (date _____)
- ☐ Copy of Commercial Vehicle Insurance policy supplied? (date _____)
- ☐ Signed Automatic payment form (for payment of fees) – received by Admin? (date _____)
- ☐ Bank account details (payment for direct credit payments) – received by Admin? (date _____)
- ☐ TaxiCharge Merchant Application completed? – or confirmation of current number? (date _____)
- ☐ Eftpos Lease agreements signed? (date _____)
- ☐ CIAL Airport Card Application Form received? – or copy of current Airport Access Card/ID Card? *(if applicable)* (date _____)
- ☐ Operator Agreement prepared and signed? (date _____)
- ☐ Personal Guarantee signed? *(for those trading via an entity)* (date _____)
- ☐ Copy of Constitution given to new member? (date _____)