



# Application for Membership

**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.*

Initials: \_\_\_\_\_

As at May 2026

**GOLD BAND TAXIS (CHRISTCHURCH) SOCIETY LTD**

Share No. \_\_\_\_\_ / Cab No. \_\_\_\_\_

**APPLICATION FOR MEMBERSHIP**

***Membership Type Applied for:***

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

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 will contact these people for references before your membership commences)*

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

Year of vehicle: \_\_\_\_\_

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

**ESTABLISHMENT COSTS (including GST)**

Cost of Share or Franchise \_\_\_\_\_

Cost of Vehicle \_\_\_\_\_

Insurance (must be commercial car policy) \_\_\_\_\_

Income Protection Insurance (\*\*) \_\_\_\_\_

Small Passenger Service Licence (SPSL) \_\_\_\_\_

P Endorsement on Driver Licence \_\_\_\_\_

GB Drivers ID/Training (refer to Gold Band's Information Booklet, & add GST) \_\_\_\_\_

ACC Contractual Training Costs  
(Level 1 First Aid & Unit Standard 1748/15165) \_\_\_\_\_

Car set-up costs (fit-out of equipment, sign light, etc) \_\_\_\_\_

All other costs to put vehicle into the fleet \_\_\_\_\_

Gold Band's Monthly Fees (*one month in advance*) \_\_\_\_\_

Uniform Costs \_\_\_\_\_

Application Fee (refer to Gold Band's Information Booklet) (\*\*) \_\_\_\_\_

**TOTAL** \_\_\_\_\_

**FUNDED BY:**

EITHER Personal Funds of \_\_\_\_\_

OR: Loans taken out (including car loan) \_\_\_\_\_

**Notes:**

**(\*\*)** *We strongly recommend that all applicants take out income protection insurance, to cover regular outgoings in the event of the operator being temporarily unable to work. (Your monthly membership fees are payable regardless of whether the taxi is working or not!). Please sign here to acknowledge that you have been advised by to take out an income protection insurance policy:*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**(\*\*)** *This Fee is payable at the time you submit this application. Please bring your payment to the office with this completed Application Form.*

**PROPOSED BUDGET – FIRST 12 MONTHS**

*(all figures should include GST)*

**REVENUE** (Income from fares, for 48 weeks) \_\_\_\_\_ **(A)**

**EXPENSES**

Monthly Membership Fees (\*\*) \$6,600.00 (valid as at 15/01/2020)

Lease of Equipment (MT Data) (\*\*) Included above (valid as at 15/01/2020)

Lease of Equipment (Eftpos) (\*\*) Included above (valid as at 19/10/2020)

Merchant Commission \_\_\_\_\_ (4.75% as at 01/04/2021)  
*(Base on 90% of Revenue i.e. if revenue is \$100,000, Merchant Commission is 4.75% of \$90,000)*

ACC Levies \_\_\_\_\_

Accountancy / Legal Fees \_\_\_\_\_

Bank Charges \_\_\_\_\_

Car Loan repayments - Principal \_\_\_\_\_

- Interest \_\_\_\_\_

Car Insurance (must be a commercial policy) \_\_\_\_\_

Car Repairs, Maintenance, Tyres \_\_\_\_\_

Car Registration & COF \_\_\_\_\_

Fuel \_\_\_\_\_

Commission on docketts (MSF) (\*\*) \_\_\_\_\_

Printing & Stationery \_\_\_\_\_

Uniforms costs during the year \_\_\_\_\_

General Expenses \_\_\_\_\_

**TOTAL EXPENSES** \_\_\_\_\_ **(B)**

**PROFIT BEFORE DEPRECIATION & TAX** (A – B = C) \_\_\_\_\_ **(C)**

**What you will need to take out of the business, to live on** \_\_\_\_\_ **(D)**

*(Note: If (D) is larger than (C), there will be a shortfall in your personal requirements)*

**Notes:**

(\*\*) Refer to page 12 of Gold Band's Information Booklet, and add GST

(\*\*) All new members must process docketts via Gold Band and have their own TaxiCharge Merchant Number.

Initials: \_\_\_\_\_

**STATEMENT OF ASSETS AND LIABILITIES**

**AS AT \_\_\_\_\_ / \_\_\_\_\_ / 202**

**Note:**

The following information should **exclude** the proposed purchase of the share or associate membership:

<b>Liabilities</b>		<b>Assets</b>	
Bank overdraft	_____	Bank deposits	_____
Bank term loans	_____	Motor Vehicles	_____
Hire purchase	1 _____	Shares /	
	2 _____	other investments	_____
	3 _____	Other assets	_____
Mortgages	_____	Property Value (GV)	_____
Credit Card Balances	_____	Chattels	_____
Other loans	_____	Other	_____
or liabilities	_____		_____
	_____		_____
	_____		_____
<b>TOTAL</b>	_____ <b>(A)</b>	<b>TOTAL</b>	_____ <b>(B)</b>
		<b>TOTAL NET ASSETS (B – A = C)</b>	_____

I \_\_\_\_\_ hereby declare that the above information is a true and correct statement of my/our assets and liabilities.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## DECLARATIONS

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### A) CRIMINAL RECORD

You must complete this declaration in order to consent to the Ministry of Justice criminal records check. In addition, we have included some supplementary questions.

Answering “yes” to any of the questions below will not necessarily result in your membership application being rejected. This will depend upon the nature of the particular circumstances.

1. Other than parking offences subject to the Criminal Records (Clean Slate) Act 2004 (but including all other traffic and driving offences), have you ever been convicted of any offence in New Zealand or in any other country?

NO / YES (Initials: \_\_\_\_\_)

If YES, please include details in the space below (page 9), of the nature of the offence, the penalty, sentence or order of the court and the date and place of the court hearing.

#### **NOTES:**

- a) Under the Criminal Records (Clean Slate) Act 2004, you do not need to declare your New Zealand conviction if **all three** of the following apply:-
  - i) It has been seven or more years since your most recent conviction and you have not re-offended; **and**
  - ii) You have never had a custodial sentence imposed upon you (including detention at home, in hospital or at any secure facility); **and**
  - iii) You have paid any fines/costs/compensation/reparation.
- b) Regardless of how long ago you were convicted, you are not eligible to conceal your conviction if:
  - iv) You have ever been convicted of a sexual offence; or
  - v) You have ever been the subject of an order under the Criminal Procedure (Mentally Impaired Persons) Act 2003 or an order that you be cared for in a manner that your mental impairment requires; or
  - vi) You have ever been disqualified from holding a driver licence for repeat offending involving alcohol/drugs; or
  - vii) The conviction was from overseas.

2. Have you ever received a police caution, reprimand or final warning, or been subject to the Police Diversion Scheme?

NO / YES (Initials: \_\_\_\_\_)

If YES, please include details, in the provided space below (page 9), of the caution, reprimand, final warning or Police Diversion Scheme, including the date and reason administered.

3. Are there any charges against you yet to be heard?

*(Please note: you must inform us immediately if you are charged with an offence in New Zealand or in any other country after you complete this form and before taking up your membership. You do not need to tell us if you are charged with a parking offence).*

NO / YES (Initials: \_\_\_\_\_)

If YES, please include details, in the space provided below (page 9), of the nature of the offence with which you are charged, date on which you were charged, and details of any on-going proceedings by a prosecuting body.

4. Are you aware of any current police investigation in New Zealand or in any other country involving you?

NO / YES (Initials: \_\_\_\_\_)

If YES, please include details, in the space provided below (page 9), of the nature of the allegations made against you, and if known to you, any action to be taken against you by the police.

5. Have you ever been dismissed for misconduct from any employment, office or other position previously held by you, been subject to a disciplinary investigation or had performance management issues that resulted in disciplinary action and/or your resignation?

NO / YES (Initials: \_\_\_\_\_)

If YES, please include details, in the space provided below (page 9), of the employment, office or position held, the date that you were dismissed or resigned and the nature of allegations of misconduct made against you or the nature of the performance issues brought to your attention.

6. Have you ever been disqualified from the practice of a profession or required to practice subject to specified limitations following proceedings by a regulatory or licensing body in New Zealand or in any other country?

NO / YES (Initials: \_\_\_\_\_)

If YES, please include details, in the space provided below (page 9), of the nature of the disqualification, limitation or restriction, the date, and the name and address of the licensing or regulatory body concerned.



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**B) 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: \_\_\_\_\_

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**C) 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: \_\_\_\_\_

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**D) REFERENCE CHECKS FROM NZTA, CIAL, TAXI COMPANIES AND/OR OTHER EMPLOYERS OR BUSINESSES**

In reference to the paragraph immediately above, I/we acknowledge that the Society may contact any or all of the following specific organisations – the New Zealand Transport Agency, the Christchurch International Airport Limited, any other Taxi company for whom I have driver or with whom I/we have operated, and/or any other employers or businesses for whom I/we have worked – in connection with my Application; and I/we hereby give my/our consent for the Society to do so.

Initials: \_\_\_\_\_

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**E) 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: \_\_\_\_\_

**F) 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: \_\_\_\_\_

**G) 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.

*(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 Small Passenger Service Licence \*
- 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:-
- 

## 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 (Note: All new members must process dockets via Gold Band Taxis) (date \_\_\_\_\_)
- MTi & 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 \_\_\_\_\_)