



apply now

To join our broker community, just fill out the information on the form below and send it to us. If you have any questions, please call us on 09 443 8201. We look forward to meeting you.

First Name:

Preferred Name:

Surname:

DOB:

Phone:

Mobile:

Email:

Business Name:

Physical Address:

Postal Address:

I wish to apply for membership of Brokers' Independent Group, 'BIG'. I authorise my insurance suppliers to release information to BIG on the understanding that this information shall remain confidential. I also declare that to the best of my knowledge the information I have provided is true and correct.

Name:

Agency Name:

Signature:

Date of Application:

BROKERS INDEPENDENT GROUP

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