NEW ZEALAND COMPANIES OFFICE | RETIREMENT VILLAGES

Form RV2

Annual return and certificate of registered documents

Sections 13(2) and 16, Retirement Villages Act 2003

- Complete this form to file an annual return for your retirement village.
- All fields must be completed unless they are specifically marked as optional.
- Upload your completed annual return online at www.retirementvillages.govt.nz.
- **The details provided on this form will be published on the Retirement Villages Register and can be viewed by the public.**

PART 1: RETIREMENT VILLAGE DETAILS

Name of village:	
Registration number:	
Street address of village:	
Address of registered office of village: This must be a physical address in New Zealand. It cannot be a post office box or private bag address.	
Address for service of village: This must be a physical address in New Zealand. It cannot be a post office box or private bag address.	
Postal address of village:	
Email address for village*: The Registrar will use this address to contact the village.	
Telephone number for village*: The Registrar will use this number to contact the village.	
Fax number for village (optional):	

* We recommend using business contact details rather than personal ones.

Name of village	
Registration number:	

PART 2: OPERATOR DETAILS

If there is more than one operator, please complete a separate 'Operator details' page for each operator of the village and attach all pages to this annual return.

Name of operator:	
Company or other registration number (if any)**:**	
New Zealand Business Number (if any)**:**	
Nature of operator: For example, company, incorporated society, charitable trust, limited partnership, partnership, natural person.	
Address of registered office of operator: This address must be a physical address in New Zealand. It can't be a post office box or private bag address.	
Address for service of operator: This address must be a physical address in New Zealand. It can't be a post office box or private bag address.	
Postal address of operator to which communications from the Registrar may be sent:	
Email address of operator:	
Telephone number of operator:	
Fax number of operator (optional)**:**	

Continue on a separate sheet if necessary.

Name of village	
Registration number:	

PART 3: CERTIFICATE OF REGISTERED DOCUMENTS

Section 13(1) of the Retirement Villages Act 2003 requires the annual return for the village to be signed by the operator or by a solicitor or qualified statutory accountant (within the meaning of section 5(1) of the Financial Reporting Act 2013).

I, (insert name of operator)	
certify that for: (insert name of the retirement village)	
☐	Each registered document is correct, current, and not likely to mislead or deceive any resident, intending resident, or the public.
Signature:	
Name of signatory:	
Dated:	

Continue on a separate sheet if necessary.

Name of village	
Registration number:	

PART 4: CHECKLIST

To speed up registration, use this checklist to ensure you have included all the information required.

CHANGE OF CIRCUMSTANCES (IF APPLICABLE)

☐	A change of circumstances form (Form RV3) has been submitted to the Registrar, if any of the following details have changed: • retirement village name • operator details • registered document details • land details • number of units in the village • change of statutory supervisor, or • any other material changes.

FORM COMPLETED AND SIGNED

☐	Check that you have completed parts 1, 2 and 3 of this form (Attach extra pages if needed).
☐	Make sure the form has been signed.

SUPPORTING DOCUMENTS REQUIRED

Please attach the following:

☐	A copy of the audited financial statements that comply with section 35B of the Retirement Villages Act 2003 (the Act) or, as referred to in section 35F of the Act, the audited financial statements that comply with subpart 3 of Part 7 of the Financial Markets Conduct Act 2013 or section 55 of the Financial Reporting Act 2013.
☐	A copy of the audited financial statements which comply with section 35C of the Retirement Villages Act 2003 (where applicable).
☐	A copy of the statutory supervisor's certification addressed to the Registrar (where applicable).

PART 5: CONTACT DETAILS OF PERSON COMPLETING THIS FORM

Name:	
Address:	
Email address:	
Telephone number:	
Fax number (optional)**:**	