



www.retirementvillages.govt.nz | 0800 268 269

7. Fax number for village (optional)

Post your completed form to: Registrar of Retirement Villages, Private Bag 92061, Victoria Street West, Auckland 1142 or email it to: retirementvillages@companies.govt.nz

Annual return and certificate of registered documents Sections 13(2) and 16, Retirement Villages Act 2003	
Name of village	Registration number
Part 1 — Retirement village details	
1. Street address of village	
2. Address of registered office of village This address must be a physical address in New Zealand and must not be a post office box or private bag add	dress.
3. Address for service of village	
This address must be a physical address in New Zealand and must not be a post office box or private bag add	dress.
4. Postal address of village	
5. Email address for village	
6. Telephone number for village	

Name of village	Registration	number
Part 2 — Operator details		
1. Name of operator		
Where there is more than one operator continue on a separate sheet and attach all page	es to this annual return.	
2. Company or other registration number (if any)		
3. New Zealand Business Number (if any)		
4. Nature of operator		
For example — company, natural person		
5. Address of registered office of operator		
This address must be a physical address in New Zealand and must not be a post office bo	ox or private bag address.	
6. Address for service of operator		
This address must be a physical address in New Zealand and must not be a post office bo	ox or private bag address.	
7. Postal address of operator to which communications from the Registrar may	be sent	
8. Email address of operator		
9. Telephone number of operator:		
10. Face purposes of a margation (station with		
10. Fax number of operator (optional)		

Name of village		Registration number
Part 3 — Ce	rtificate of registered docu	iments
I,		
	(Insert n	ame of operator)
certify that		
for:		
	(Insert name o	f the retirement village)
Each registe public.	red document is correct, current, and not	likely to mislead or deceive any resident, intending resident, or the
	to update the registered information are a  — Change of circumstances must be compl	
(ronn nvs	change of circumstances must be compr	etea for material changes).
Signed:		
Name of signatory		
Dated		
Part 4 — Che		
	ration, use this checklist to ensure you have	e included all of the information required.
Have you comp	IETEG ? and 3 and have you signed the form (attac	ph pytra nagas if applicable)
	, -	n extru pages ij applicable)
Have you attach		
as referred		ply with section 35B of the Retirement Villages Act 2003 (the Act) o financial statements that comply with subpart 3 of Part 7 of the the Financial Reporting Act 2013; and
	the audited financial statements which con plicable); and	mply with section 35C of the Retirement Villages Act 2003
The docur	ments supporting any information on the r	egister that has changed; <b>and</b>
A copy of	the statutory supervisor's certification add	Iressed to the Registrar (where applicable).
_		
Contact details	of person completing this form	
Name:		
Address:		Email address:
		Telephone number:
		Fax number (optional):

Name of village					Registration number			
Payment deta	ils						_	
Amount								
The correct fee must	he naid. Calc	rulate v	our ann	ual retu	rn fee hased on th	ne number o	of units vo	u have.
If you have:	be parar care	.arace y	our um	aa eea	jee sasea on e	ic mannocr o	y armes yo	a mare.
					Total	GST		Total
Retirement villages not	t more than 3/	1 units			<b>excl GST</b> \$347.83	\$52.	17	incl GST \$400.00
Retirement villages bet			ς		\$565.22	\$84.		\$650.00
Retirement villages mo			,		\$1,130.43	\$169		\$1,300.00
					7 - 7 - 2 - 2 - 2	, , , ,		T =/3 3 3 3 3
Amount payable	\$							
	<u> </u>							
	lied in this fori							n any computer register Ty you of the amount of
Method of paym	nent							
Choose your paymen	t method fro	m the o	options i	below. <b>F</b>	Please do not send	l cash or pu	rchase or	ders.
Credit card								
Credit card type:								
Visa			Masterca	rd				
Amex			Diners	14				
			Diricis					
Expiry date:		/					٦	
Name of cardho	older:							
Card number:								
Canal Canaunitus Ca								
Card Security Co	ode:							
Signature of cardholder:								
NOTE								
Your Card Security Cod	& Diners cards th	nis is typic	cally found	printed o	n the signature panel o			
OR								
Direct debit								
Your (or your or <b>or</b>	rganisation) nan	ne:						
Your 9 digit Use	er ID No:							
Signature:								