



Pre-October 2014 Payment Package Registration Form

The fields that are required to be filled out are marked with an asterix. All other fields are optional however please fill out this form with as much information as possible so that we can further assess whether you meet the criteria for this Package.

If you have more than one property to register, please complete a separate registration form for each property.

A copy of your answers will be emailed back to you once you submit this form (using the email address that you provide in the Applicant Contact Information section below), and a Southern Response representative will then be in contact to discuss your application. If you have any questions in the meantime, please feel free to contact us at 0800 501 525 or email registration@southernresponse.co.nz.

Applicant Name & Contact Information

No matter whether you are filling out the registration form on behalf of someone else or filling it out in relation to your own Southern Response claim, please fill out this section as yourself.

Applicant Full Name

First Name (s): *

Middle Name (s):

Last Name: *

Applicant Contact Information

Preferred Phone Number: *

Alternate Phone Number:

Contact Email Address:

Please note we will use this email address to provide you with a copy of your completed registration. If you do not have an email address, a copy of your registration answers will be posted to you at the postal address you provide below.

Applicant Current Address

Address Line 1: *

Address Line 2:

Address Suburb:

Address City:

Address Post Code:

Postal Address (if different)

Postal Address Line 1:

Postal Address Line 2:

Postal Address Suburb:

Postal Address City:

Postal Address Post Code:

Insured Property

Please fill out this section with details of the property that you are enquiring about, i.e. the property that had a Canterbury earthquake claim cash settled with Southern Response prior to October 2014.

Address Line 1: *

Address Line 2:

Address Suburb:

Address City:

Address Post Code:

Southern Response Earthquake Claim Number(s):

Your Southern Response claim number can usually be found on correspondence you have received from Southern Response about this claim. It will take the form of a 'D' followed by 7 numbers, **Example: D1234567**

AMI Policy Number for Affected Property:

Your AMI Policy Number can be found on your Settlement Discharge Agreement from Southern Response. It will take the form of 7 numbers followed by a 'D', a '0', then one more number. **Example: 1234567D01**

Applicant Information

Were you (the applicant named above) a named person on the Policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Are you an Executor of a person named in the Policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Do you hold Power of Attorney for a person named in the Policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Are you acting as an agent and/or representative of a person named in the Policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Other:	<input type="text"/>		
Is there an agent or representative involved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure



Agent or Representative (if applicable)

Agent or Representative Full Name:

Organisation:

Relationship:

Phone Number:

Email Address:

Involvement:

Please only contact my representative

Please copy my representative on all correspondence

Please do not contact my representative

AMI Policy

Please answer the following questions in relation to the named person on the policy.

Did the person named on the policy own the property at the time of the earthquake event(s)? Yes No Unsure

Was the person named on the policy the person Southern Response settled with? Yes No Unsure

Was the policy held in multiple names? Yes No Unsure

Was the property or policy owned in a trust or Company at the time of the earthquake insurance claim? Yes No Unsure

Name of trust or Company:

Policyholder(s) / Trustee(s) / Director(s)

Please fill out the following information for every person listed as a policyholder on your AMI policy, and every trustee or director of the Trust or Company that owned the property at the time of your earthquake insurance claim (if applicable). If you do not have all of this information, please provide as much information as you are able to.

	Full Name	Phone	Email
Person 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Person 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Person 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Person 4:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Information

Please provide any further information that may be useful for Southern Response to understand when processing this application. *If you are acting as an agent and/or representative, please specify the policyholder(s) you are acting for.*

Additional Comments