

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 <u>www.retirementvillages.govt.nz.</u>
- 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

TAKT I. KETIKLIMENT VILLAGE DETAILS		
Name of village:		
Registration number:		
Street address of village:		
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:		
r ostar address or vinage.		
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:	
negistration namber.	
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 annu	ual return.
Name of appreture	
Name of operator:	
Company or other registration number	
(if any): New Zealand Business Number (if any):	
New Zealand Business Number (II arry).	
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:	
Talanhana musikas af as a salas	
Telephone number of operator:	
Fax number of operator (optional):	

Continue on a separate sheet if necessary.

Name of village			
Decistration numbers			
Registration number:			
PART 3: CERTIFICATE OF	REGISTER	RED DOCUMENTS	
	or qualified s	act 2003 requires the annual return for the village to be signed be statutory accountant (within the meaning of section 5(1) of the	y
I, (insert name of operator)			
certify that for: (insert name of the retirement village)			
	_	ered document is correct, current, and not likely to mislead or resident, intending resident, or the public.	
Signature:			
Name of signatory:			
Dated:			

Continue on a separate sheet if necessary.

Name of	village	
ivaille of	village	
Registrat	ion number:	
-	CHECKLIST up registration, use this checklist	to ensure you have included all the information required.
CHANGE	OF CIRCUMSTANCES (IF AP	PLICABLE)
	A change of circumstances form details have changed): • retirement village of operator details • registered docume • land details • change of statutor any other material	nt details y supervisor, or
FORM CO	OMPLETED AND SIGNED	
	Check that you have completed	parts 1, 2 and 3 of this form (Attach extra pages if necessary).
	Make sure the form has been si	gned.
	TING DOCUMENTS REQUIRE	ED
	A copy of the audited financial s Villages Act 2003 (the Act) or, as	tatements that comply with section 35B of the Retirement referred to in section 35F of the Act, the audited financial bpart 3 of Part 7 of the Financial Markets Conduct Act 2013 or rting Act 2013.
		tatements which comply with section 35C of the Retirement
	A copy of the statutory supervis	or's certification addressed to the Registrar (where applicable).
PART 5:	CONTACT DETAILS OF PER	SON COMPLETING THIS FORM
Name:		
Address:		
Email add	dress:	
Telephor	ne number:	
Fax numl	ber (optional):	