

Page 1 of 3 Form RV4 Form version | January 2023

www.retirementvillages.govt.nz | 0800 268 269

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

Request for cancellation of registration Section 19(1)(a) Retirement Villages Act 2003

| Section 19(1)(a) Nethement Villages Act 2003 | |
|---|--------------------------------|
| Name of village | Registration number |
| | |
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| | |
| | |
| Please cancel the registration of | |
| | |
| (Insert name of village) | |
| All residents of the village have received independent legal advice about registration. | the effects of cancellation of |
| At least 90% of those residents have consented in writing to that cancell | ation. |
| The cancellation will affect the following certificates of title and computer registed Describe the certificates of title and computer registers. | ers |
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| | |
| Up-to-date copies of the affected certificates of title are attached. | |

NOTE — A fee is payable (Complete payment details – page 3)

| Name of village | Registration number |
|--|------------------------|
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| | |
| Signed by each operator of the village | |
| | |
| Name of operator | |
| | |
| | |
| | |
| Signed: | |
| Dated: | |
| | |
| | |
| Name of operator | |
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| | |
| Signed: | |
| Dated: | |
| | |
| Continue on a separate sheet if necessary. | |
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| | |
| Contact details of person completing this form | |
| Name: | |
| Address: | Email address: |
| | |
| | Telephone number: |
| | Fax number (optional): |

| ne of village | | | Registration number | |
|--|-----------------|---------------------------------------|-----------------------|----------------|
| | | | | |
| | | | | |
| | | | | |
| yment details | | | | |
| | | Total excl GST | GST | Total incl GST |
| ndard registration and lodgemen | t fee | \$153.04 | \$22.96 | \$176.00 |
| | | | | |
| ount payable \$ | | | | |
| alla alla Ca | | | | |
| ethod of payment | de a susti | Olaman d | | |
| ose your payment method from t | ne options belo | w. Please do not send | cash or purchase orde | rs. |
| Credit card | | | | |
| Credit card type: Visa | Masterc | ard | | |
| Amex | Diners | aru | | |
| Expiry date: | / |] | | |
| Name of cardholder: | , | | | |
| Card number: | | | | |
| Card Security Code: | | | | |
| | | | | |
| ature of cardholder: | | | | |
| | | | | |
| NOTE Your Card Security Code number | _ | · · · · · · · · · · · · · · · · · · · | | |
| For Visa, Mastercard & Diners co On Amex cards this is a 4 digit nu | | | | |
| and the total and a surple file | printed 0 | | and the main credit | |
| 1 | | | | |
| Direct debit | | | | |
| Direct debit | | | | |
| Your (or your organisation) nar | ne: | | | |
| or Your 9-digit User ID No: | | | | |
| | | | | |
| Signature: | | | | |