

Broker Accreditation Form – Direct Agreements Only

Note that if you operate under an aggregator refer your accreditation request to them directly

Business Development Manager:

Company Name:

Trading as:

ABN/ACN:

ASIC Credit Registration Number:

Director's Name(s):

Company Address:

Mailing address:

Business Phone: (.....)..... Business Fax: (.....).....

Email:

For commission payment, please provide the following bank details:

Bank: **BSB:** **Account Number:**

Account Name:

Please complete this accreditation form, and attach a copy of your:

- Certificate of course completion for anti-money laundering/counter terrorism financing e-learning for each and all loanwriters;**
- Current Professional Indemnity Insurance of not less than \$2m;**
(consideration will be given to smaller businesses for \$1m cover)
- Current External Dispute Resolution Scheme; (AFCA)**
- Current MFAA or FBAA membership for all directors & loanwriters; and**
- ASIC License certificate.**
- Certificate IV in finance management & mortgage broking or equivalent**

Loan writer details:

Full Name	D.O.B.	Mobile No.:	Email Address	Action Req'd: (Add, Edit or Delete)

Please fax to Head office on 1300 888 684.

Please note that by completing this form you agree that all information provided is true and correct