New Representative Accreditation Form





This form should be emailed or faxed back to P&N Bank prior to attendance at P&N's Induction Train	ning. Pleas	se complete all sections.
Representative name Aggregation	ator	
Company name		
Street address		
Suburb State	Post	code
Phone: Work Mobile		
Email		
BROKER REPRESENTATIVE DISCLOSURE		
Brokers (individuals and representatives) may only engage in credit activities if they:		
 have registered for, or been issued with an Australian Credit License (ACL) have been appointed as an Authorised Credit Representative (ACR) by an entity that has r ACL, or 	egistered	or been issued with a
3. are an employee or director of an entity that has registered for or been issued an ACL.		
Please tick the applicable box below and provide ACL details. broker is registered/licenced in own name		
Registration name Licence number		
broker is authorised as a credit representative		
Broker's Credit Representative Number Licence number		
broker is a director or employee		
Entity's licence number Letter from employer		
I confirm I hold a current Certificate of one of the below qualifications: Certificate IV Financial Services (Finance/Mortgage Broking) or Diploma of Financial Services (Finance/Mortgage Broking Management) Confirmation of completion of training in the following subjects: MFAA or FBAA Certificate Have you ever: Had accreditation declined or cancelled by P&N or another lender?	 yes yes yes yes yes yes	□ no□ no□ no□ no□ no
If yes, please provide details	yes	no
Declared bankruptcy, been declared bankrupt, or been subject to control under the Bankruptcy Act 1966 in the last 7 years? If so, has it been discharged? If yes, when was the bankruptcy discharged?	yes	_ no
■ Been found guilty of any offence or crime, or charged with any offences in the last 5 years which has not been fully determined before a court or otherwise withdrawn or dismissed?	yes	no
Had any application for a grant or renewal of any financial services license or registration refused or declined?	yes	no
 Had any license, registration or permission to carry a business under any enactment suspended or cancelled, or otherwise been disqualified from carrying on any occupation, profession or business? Been known by or had any other name? 	yes yes	□ no
Been banned from holding a company directorship?	yes	no
and the second s		

- I understand that I must promptly inform the Bank if there is any change to my status as a credit licensee or as a director/ employee/credit representative of a credit licensee
- I understand that if the bank terminates my Authority to Act, the Bank may report full details of the reasons for termination (including for dishonesty or fraud), and provide copies of relevant documents, to any appropriate body and I will not hold the Bank liable for such reporting.

BROKER DECLARATION I hereby declare the information provided to be true and correct. I hereby c from P&N Bank of a marketing or promotional nature, including P&N Bank		_		nic communications
X				
Proposed broker signature Date				
AGGREGATOR ACCREDITATION VERIFICATION				
We have reviewed and retained the following items:				
National Criminal History Check was satisfactory	yes	no	□ N/A	
Certificate IV Financial Services (Finance/Mortgage Broking) OR	yes	no		
Diploma of Financial Services (Finance/Mortgage Broking Management)	yes	no		
MFAA or FBAA Certificate	yes	no		
Membership to an external dispute resolution	yes	no		
PI Insurance	yes	∐ no		
AML/CTF training completed	yes	no		
Evidence the broker is a National Credit Code Authorised person	yes	no		
New to industry (<2 years) mentor in place	yes	no	N/A	
under the intermediary agreement and we will promptly notif We will promptly inform the Bank of any change in our licence. Aggregator representative name Aggregator representative position	e, status o	r authority.		nority.
OFFICE USE ONLY				
This broker has: Completed Training Program for Mortgages covering product, process and product thereby confirm that - Training has been completed as per Policy Requirements. ASIC registration search complete ID sighted and verified	olicy (manda	atory)		
Name of Faciliator Name	of BDM for re	presentative		
X				
Facilitator / Business Development Manager signature	_			
This registration has been authorised by				
X				
Manager Broker Services signature Date	_			

Checked by

Entered by

welcome email sent

MS-610 (01/16)

broker extranet updated