

1. BROKER TO COMPLETE

*Required information

Brokers are requested to complete section 1 electronically. Handwritten forms will not be accepted.

Individual Brokers Full Name*

Preferred Name

Approved Aggregator*

Postal Address

Contact Details

Business Name

Are you currently an Authorised Credit Representative*? Yes No

If yes, Licensee Name*

Credit Representative Number*

and/or if you hold individual licensing please provide the details

ACL Name

ACL Number

Relationship of Broker to Licence: Principal Licensee Credit Representative Employee/Director

By checking this box I confirm the information provided above is true and accurate information provided by myself for the purpose of gaining accreditation as a mortgage broker with MyState Bank Limited.

2. AGGREGATOR TO COMPLETE

As an authorised representative of the Approved Aggregator above, we confirm that the following information is held, verified and maintained for the above broker (select only the items held):

- Professional Indemnity policy
- Industry body membership held with MFAA or FBAA
- Membership details for an ASIC approved External Dispute Resolution Scheme (COSL or FOS)
- Australian credit license details for individual broker (if applicable).

We undertake to advise, as soon as reasonably possible, if this broker: changes details, resigns or is terminated.

By checking this box I confirm I am authorised as a representative of the above nominated Aggregator to submit this Broker Accreditation Request Form and confirm the information provided is true and accurate.

Authorised Aggregator's Representative Name	Authorised Aggregator's Representative Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please return the completed form and photo ID to brokeraccreditations@mystate.com.au