



APPLICATION FOR REFERRER ACCREDITATION

APPLICANT REFERRER DETAILS: -

Referrer's Trading Name _____

ABN: _____ ****Please provide Certificate of Incorporation or Registration****

Contact Name _____ Position _____

Business Address: Email _____

Street: _____ Postcode _____

Postal: _____

Phone: (____) _____ Fax: (____) _____ Mobile: _____

INDIVIDUAL REFERRERS (Authorised Representatives of Applicant Company)

Name: _____ Position & Industry Qualifications: _____

Name: _____ Position & Industry Qualifications: _____

Name: _____ Position & Industry Qualifications: _____

CURRENT MEMBERSHIPS (Tick all as applicable):

Aggregator Group: Yes No If Yes please nominate: Specialist Finance Group

Franchise: Yes No If Yes please nominate: _____

MFAA FBAA FPAA REI

Please provide a copy of the relevant Certificate(s) of Accreditation

Current Professional Indemnity Insurance:

Yes No Please provide a copy of Certificate of Currency

Applicant Referrer Declaration:

By signing this application form you are confirming as the Applicant or as an authorised officer of the Applicant company the following:

- Neither you nor any other nominated authorised representative listed above seeking accreditation with DBA have had an industry licence suspended or revoked; and
- Have not been involved in any form of Claims including those relating to Deposit Bonds, Professional Indemnity Insurance whether on account of alleged negligence or fraudulent behavior; and
- Have not been the subject of debt recovery, Winding up or Bankruptcy proceedings

Name: _____ Position: _____

Signed: _____ Dated: ____/____/____