

Suite 25, Elevation Building 6 Meridian Place, Bella Vista NSW 2153 PO Box 6139 Baulkham Hills BC 1755

## **REQUEST FOR ACCREDITATION**

Please tick if accreditation is for: 
Mortgages and/or 
Leasing

Aggregator : Specialist Finance Group				
	Bro	oker Details		
	Registration / 🛛 Australia dit Registration / 🔲 Cre			
Broker Name:				
Company Name:				
Postal Address:				
Trading Address:				
Land Line:		Mobile:		
LinkedIn:				
Email:				
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<ul> <li>MFAA /FBAA Membership</li> <li>Clean Police Check</li> <li>Professional Indemnity Cover</li> </ul>		Business F	<ul> <li>AML Certificate/Course Completion</li> <li>Business Registration</li> <li>Australian Credit Registration/ACL</li> </ul>	
Signed on behalf of "		" Aggreg	" Aggregation.	
Position:		Name:	Name:	
Date:		Signatur	re:	
Please email back	to reception@param	ountmortgage	es.com.au for processing.	
Approved by Para	imount: 🛛 Yes 🔲 No	Name:		
Date:		Signatur	Signature:	
	Office Use Only: (	please tick as		
<ul> <li>Follow Up Requi</li> <li>M. Email</li> <li>Spreadsheet/En</li> <li>Email Zoom Sen</li> </ul>		lin	<ul> <li>Certificate Sent</li> <li>Accred. Finalised—Broker</li> <li>Aggreg. Finalised—Aggreg</li> </ul>	