

RESI Introducer Accreditation Form

Upon completion, the Introducer Accreditation Form is to be submitted for processing at brokersupport@resi.com.au . To keep processing times to a minimum, please complete all applicable fields.

Transfer of Accreditation

New Accreditation Request

Introducers Full Name							
Name of Entity							
Business Address							
Postal Address							
Mobile Phone Date of Birth							
Office Phone	()) Email				
Aggregator							
Lender References	1.				()	
	2.				()	
Compliance Details	l						
Australian Credit Licenc	e		Registered	Арр	olied		Licensed
Name of ACL Holder							
Licence Number							
Relationship to Licensee		Employee of Licensee Ho	Employee of Licensee Holder Au		dit Re	o Individual Licence Holder	
Credit Rep Number							

Registration Details

Membership Body N	umber					
If Broking for < 2 year	rs	Mentor Name				
		Mentor Contact Number	()			
PI Cover Insured			Cover Amount (in any one clain	າ)		
Declaration						
Yes	No	Have you or any of you	r associates ever declared bar	nkruptcy?		
Yes	No		r associates ever been found រុ esty, drug trafficking or mone			e
If "yes" please provide	e details	:				
Yes	No	Has your accreditation	ever been refused or revoked	with any ot	her len	ıder?
If "yes" please provide	e details	:				
 I understand t The represent or not to accr 	that as a tations h edit me	ave been made to RESI to e	I will be granted access to the nable it to determine whether and acknowledge that RES	r or not to d	etermi	ne whethei
Signature				Date	/	/
Full Name (Printed)						

Aggregator Accreditation Verification

A Police check has been completed, is held and is satisfactory

AML/ CTF training has been completed by the MFAA, FBAA, Austrac, FPA, Intellitrain, AAMC or other. If "other" please specify why:

Evidence the introducer is a NCC Authorised Person

Evidence that the introducer's identification has been verified using a Driver's Licence or equivalent document. This confirms the information provided by the introducer meets the AML/ CTF requirements.

Aggregator Declaration

I hereby formally declare that to the best of my knowledge, all information provided is complete, true and correct. I can confirm that all documents listed above have been checked thoroughly and meet the requirements as specified in the introducer agreement.

Signature	Date	/	/
Full Name (Printed)			
Position			