



Application for Accreditation – Sponsored Broker

Aggregator Name

Broker Name

ABN

Business Address

Postal Address

Contact Name

Mobile

Fax

Phone Number

Email Address

**Professional Indemnity Insurance
(attached copy)**

**Dispute Resolution Scheme
(attached copy)**

**MFAA / FBAA No
(attached copy)**

**Australian Credit License No
(attached copy)**

**Credit Representative
Number**

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I/we have read and understand VMG code of practice and agree to conduct our business accordingly.

We hereby confirm the applicant is suitably qualified and support their application for accreditation

Signed By Broker

Date

**Signed By Aggregator
Authorised Officer**

Date