

Accreditation Application Form - Aggregator

Use this form to complete an application for accreditation with RACQ Bank. The form must be completed by the Broker seeking accreditation and also by an authorised representative from the Aggregator.

Broker personal and business details

Personal details						
Title : Mr Mrs	Ms Miss	Other				
Given name] Middle name(s))		
Surname			DOB			
Mobile phone]			
Residential address						
Unit / Steet No	Street nam	e				
Suburb/Town				State	Postcode	
Broker/Business details						
Aggregation Group Busines	is					
Your registered business/c	ompany name					
ABN			Trading name			
Business address						
Unit / Steet No	Street nam	e				
Suburb/Town				State	Postcode	
Postal address						
Unit / Steet No	Street nam	e				
Suburb/Town				State	Postcode	
Business phone			Business mobil	le		
Email address						
Licence/registration	on details - Seleo	ct the approp	riate option a	nd provide (letails	
I am a Credit Represe	ntative (CR) of a holder	of an Australian Cr	edit Licence (ACL)			
ACL Registered name			ACL number			
Your name			CR number			
I have been issued wi	th an ACL					
ACL Registered Name			ACL number			

 I am an employee of a holder of an ACL
 I am a director of an ACL holder

 ACL Registered Name
 ACL number



Broker declarations

Have you ever been declared bankrupt? If yes, please provide details including the bankruptcy discharge date	Yes - if 'Yes' please provide details below
Have you ever entered into a Debt Agreement (part IX or X) within the past 10 years?	Yes - if 'Yes' please provide details below
Do you have a serious criminal record?	Yes - if 'Yes' please provide details below
Have you ever had an application for the grant or renewal of a financial services licence or registration refused or declined?	Yes - if 'Yes' please provide details below
Have you had a lender, originator or industry association decline an application or withdraw your/their accreditation of membership?	Yes - if 'Yes' please provide details below
Have you ever had any licence, registration or permission to carry on a business under any enactment suspended or cancelled, or otherwise been disqualified from carrying on any occupation, profession or business?	Yes - if 'Yes' please provide details below
Have you ever been subject to an investigation by any other Lender?	Yes - if 'Yes' please provide details below
Do you currently hold Professional Indemnity Insurance for no less than \$2 million, which includes at least 12 months PI 'run-off' cover?	Yes No - if 'No' please provide details below
Are you currently a member of an External Dispute Resolution (EDR) Scheme that is overseen by the Australian Financial Complaints Authority (AFCA)?	Yes No - if 'No' please provide details below
l acknowledge that I hold one, as a minimum, either Certificate IV in Finance and Mortgage Broking or a Diploma of Finance and Mortgage Broking Management.	Yes No - if 'No' please provide details below
I acknowledge that I have 2+ years combined experience as a broker or relevant experience within the financial services industry.	Yes No - if 'No' please provide details below

Please provide further details where you are required above.

Please read the RACQ Bank Privacy and Credit Policy available racq.com.au to understand how your personal information will be treated by RACQ Group.

Broker Name	
Broker Signature	
Date	

RACQ Bank

Aggregator Approval and Declaration

I request that RACO	Bank accredit				
to act as our credit representative/nominee in accordance with our intermediary arrangements.					
	nformation provided in this application is true and correct and that the broker applying for accreditation in this application meets the nd has provided our office with evidence of the same;				
1	year(s) combined experience as a broker or relevant experience within the financial services industry				
2	Holds either Certificate IV in Finance and Mortgage Broking or Diploma of Finance and Mortgage Broking Management				
3	Australian Citizen or Permanent Resident of Australia.				
I acknowledge that					
	Insert Aggregator Name				
Is responsible	for the Broker's conduct, remuneration and legislative obligations;				
 For Credit Representatives appointed after October 2021, satisfactory adherence to the ASIC reference checking and information sharing protocol; 					
• Will promptly	notify Members Banking Group Limited of any changes to our nominee's licensing status;				
 Confirm that the credit representative/nominees scope of authority is sufficient to carry out all services under the intermediary agreement; and 					
 Presently hold and will maintain, as a minimum, valid industry memberships (MFAA/FBAA/AFCA), Professional Indemnity Insurance and compliance documentation for the Broker. 					
Name					
Position					
Signature					
Date					

RACQ Bank

Please ensure all below supporting documents are provided along with this application form:

Completed RACQ Accreditation Application Form
Identification a. Current Drivers Licence or b. Current passport or c. Proof of age or identity photo card issued by an Australian state
Company search for trading entity (if applicable)
Evidence of Permanent Residency (if not an Australian citizen)
Copy of applicable qualifications Certificate IV in Finance and Mortgage Broking or Diploma of Finance and Mortgage Broking Management
Professional Indemnity Insurance (for no less than \$2million with minimum 12 months run-off cover). Cover must be in the registered business/company listed on this form of which you are an owner/director/employee or your own capacity as a named individual on the policy
Copy of criminal record check dated within 12 months of the application. The following are accepted providers: a. Australian Federal Police b. Australian State or Territory Police c. Australian Criminal Intelligence Commission accredited bodies
Copy of current membership either in your own capacity or as owner/director/employee of the registered business/company name on this form with either: a. Mortgage and Finance Association of Australia (MFAA); or b. Finance Brokers Association of Australia (FBAA)
Copy of current Australian Financial Complaints Authority (AFCA) membership either in your own capacity or as owner/director/ employee of the registered business/company name on this form

ASIC search of the authorised credit representative or credit licence number