

Broker Accreditation Form

Please complete all fields of the Ubank Broker Accreditation form **and return it to your current aggregator to verify the data. Your aggregator must submit the form to us - accreditations@ubank.com.au**

For accreditation transfers and compliance purposes, please provide the Letter of Separation for the broker where applicable.

If you have any questions, please reach out to your Ubank BDM

Aggregator	
Sub Aggregator <i>If applicable</i>	

Personal Details

First Name	
Surname	
Preferred Name	
Date of Birth	
Mobile	
Broker email address	
Office email address <i>Optional</i>	
Business address	
Postal address	

Industry body membership details

MFAA/FBAA <i>Select the applicable option</i>	<input type="checkbox"/> MFAA <input type="checkbox"/> FBBA
Membership number	
Expiry date	

ASIC details

ACL Holder/ Credit Representative <i>Select the applicable option</i>	<input type="checkbox"/> ACL Holder <input type="checkbox"/> Credit Representative
Name of licensee	
ACL/Credit Representative Number	
Commencement date	

Industry body membership details

AML accreditation number	
Membership number	
Expiry date (if applicable)	

Personal indemnity insurance

PI insurance company	
PI number	
PI expiry date	

AFCA Certificate

AFCA Number	
Expiry date	

Company details

Company Name	
Business/Trading Name	
Business ABN	
Business ACN	