



# Broker Accreditation Form

☐ New Accreditation

☐ Transfer Accreditation

Broker First Name

Broker Last Name

Company Name

Business Address

Mobile Number

Office Number

Email address

Aggregator

Name of ACL Holder

Licence Number

Credit Rep Number

## Aggregator Declaration

*I hereby formally declare that to the best of my knowledge, all information provided is complete, true and correct.*

Signature

Date

Full Name

Position

Upon completion, the Broker Accreditation Form is to be submitted for processing at [brokersupport@resi.com.au](mailto:brokersupport@resi.com.au). To keep processing times to a minimum, please complete all applicable fields.