

## Broker Accreditation Form – Aggregator Affiliated

Business Development Manager:.....

Company Name (if applicable): .....

Trading as (if applicable):.....

ABN/ACN (if applicable): .....

Aggregator: .....

ASIC Credit Registration Number: .....

Director's Name(s) (if applicable): .....

Address: .....

Mailing Address: .....

Phone: ( )

Fax: ( )

Email: .....

By providing your email address you are giving permission for us to add you to our mailing list.

Please complete this accreditation form, and attach a copy of your:

- Certificate of course completion for anti-money laundering/counter terrorism financing e-learning for each and all loanwriters (AML);
- Professional Indemnity Insurance of not less than \$2m  
(consideration will be given to smaller businesses for \$1m cover);
- External Dispute Resolution Scheme (COSL or FOS);
- Industry membership (MFAA or FBAA);
- ASIC License or Credit Representative Certificate and;
- A copy of your Diploma in Broking

### Loan writer details:

Full Name	D.O.B.	Mobile No.:	Email Address

Please fax to head office on 1300 581 144 or email [info@australianfinancial.com](mailto:info@australianfinancial.com).

Please note that by completing this form you agree that all information provided is true and correct