# Accreditation Form

*Please submit one form per applicant*

## Section 1: Applicant Details

Broker's Full Name: Please complete near signature

Mr. ☐ Ms. ☐ Miss ☐ Other ☐ Date of Birth ☐ ☐ ☐

Residential Address

Email Address

Mobile

Occupation (e.g. Broker, Real Restate Agent, Lawyer)

Industry Associations (e.g. MFAA, Law Society, FBAA)

Aggregator (Finsure or LOAN KIT)

What Applies To You: Are You An Employee ☐ Are You The Director ☐

Company and/or Trading Name/Employer Name

Is the Company Registered for GST? Yes ☐ No ☐

ABN/ACN

Business Address

## Section 2: Document Verification Information

Please Attach the Following Documentation:

Association Membership ☐

Drivers License ☐

Please Sign the Following:

**Name** **Date**

**Signature**

## Contact Us


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