

INTRODUCER PARTNER ACCREDITATION FORM

Please complete this form and return to thirdpartysales@classicfg.com.au

We're here to help if you have any questions - **1300 780 895**

Are you applying as a: Individual Broker

Broker Group

Aggregator Member, please nominate Aggregator Group

Section 1. Company Details

Company Name:

Business or Trading Name:

ABN:

Is the business registered for GST? Yes No

Trading Address:

Mailing Address:

Phone:

Contact Name:

Years in Business:

Website:

Professional Indemnity insurance coverage:

Please provide Certificate of Currency

Business Overview (e.g. sources of business, asset types normally financed, average transaction size, monthly volumes financed)

Please attach a copy of your Privacy Consent Form



Section 2. Director / Partner Details

Each Director / Partner **MUST** complete this section. If more than 2 Directors / Partners, please attach additional pages.

Director / Partner #1

Full Name

Residential Address

Phone Number

Mobile

Email

Years in Business:

Date of Birth

Drivers Licence Number (Please attach a copy of your licence)

Have you ever:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Been declared bankrupt, or been subject to control under the Bankruptcy Act 1966 in the last 7 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Been found guilty of any offence or crime, or charged with any offence in the last 5 years which has not been fully determined before a court or otherwise withdrawn or dismissed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Had any application for a grant or renewal of any financial services licence or registration refused or declined? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Had a lender, originator or industry association decline an application or withdraw your accreditation or membership? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Had a referral arrangement with us previously? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes to any of the above, please provide details:

Director / Partner #2

Full Name

Residential Address

Phone Number

Mobile

Email

Years in Business:

Date of Birth

Drivers Licence Number (Please attach a copy of your licence)

Have you ever:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Been declared bankrupt, or been subject to control under the Bankruptcy Act 1966 in the last 7 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Been found guilty of any offence or crime, or charged with any offence in the last 5 years which has not been fully determined before a court or otherwise withdrawn or dismissed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Had any application for a grant or renewal of any financial services licence or registration refused or declined? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Had a lender, originator or industry association decline an application or withdraw your accreditation or membership? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Had a referral arrangement with us previously? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes to any of the above, please provide details:



Section 3. Industry Body Memberships & Accreditations

CAFBA Number: FBAA Number: MFAA Number:

Please provide current membership certificate(s)

Western Australian Broker Licence (if applicable):

Section 4. Existing Lender References

Lender: Contact Name: Contact Phone Number:

Lender: Contact Name: Contact Phone Number:

Section 5. Privacy Notification

We collect, use, hold and disclose your personal and commercial credit information in accordance with our Privacy Policy and Notifiable Matters, which are available at www.classicfg.com/privacy. You can ask us to provide a hard copy of our Privacy Policy and Notifiable Matters.

As part of the accreditation process, we disclose your information to Equifax, a credit reporting body, to obtain a commercial credit report about your business and directors. We will not run individual consumer credit checks.

Section 6. Acknowledgements & Execution

By signing below, you acknowledge that

- This accreditation application will be assessed by us and approval is at our discretion
- If approved, you will be required to enter into and comply with the terms of our Introducer Referral Agreement and any procedures we may specify

Name

Name

Signature

Signature

Date

Date

Attachments Checklist

- Certificate of Currency - Professional indemnity insurance CAFBA membership certificate
- Privacy consent form FBAA membership certificate
- A copy of drivers' licence for each director MFAA membership certificate

OFFICE USE ONLY

Sales:

Form completed

Premises visited

Met individual broker, nominated representative or principal

Sales Support:

Data entry complete

Equifax search complete

All attachments provided

Compliance

Reputational assessment complete