

Individual Originator – Application for Accreditation

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| Application Date: | |
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| 1. Individual Broker Details: | |
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| Name: | E-Mail: |
| Phone (w) and mailing address. | Phone (h): |
| Phone (m): | Fax No: |
| If you operate in a licenced environment (W.A. and ACT only), do you hold appropriate Licences/Registrations/Business Certificates? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Certificate/s Attached (if applicable) |
| Do you hold MIAA Accredited Mortgage Consultant (AMC) status? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Certificate Attached (if applicable) |
| Signed: | |

| 2. Originator Group (Sponsor) Details: | |
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| Group Name: | |
| Contact Name & Position: | Contact Phone No: |
| We hereby confirm the applicant is suitably qualified and support their application for accreditation. | |
| Signed: For and on behalf of the Originator Group | |

| 3. Transfer of Accreditation: | (Outgoing originator group to complete this section only if you are transferring your accreditation from another group; or obtain written authorisation) |
|---|---|
| Outgoing Originator Group: | Signed for and on behalf of the outgoing Originator Group: |
| Contact Name & Position: | Contact Phone No: |
| Or: <input type="checkbox"/> Authorisation attached from outgoing originator group. | |

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| Bank Use Only: | |
| <input type="checkbox"/> Training and Accreditation testing attached (not required if Authorisation attached as per Section 3 above) <input type="checkbox"/> Licences/Registrations/Business Certificates checked | |
| Signed By: | Checked and Signed By: (Bank Support) |
| Relationship Manager Name: | Name: |
| <input type="checkbox"/> NTBS Owners Maintenance updated <input type="checkbox"/> Individual Broker ID <input type="checkbox"/> Internet Logon for STP Updated <input type="checkbox"/> Issue Welcome Letter / Certificates (to RM) | |
| Entered By: | Checked By: |