

Application to Become a Credit Representative

Entity Legal Name	
Name of Principal Contact	
Phone Number	
Email Address	
Postal Address	
Business Address	

Applying for (tick all that apply):

- Appointment of a Corporate Authorised Credit Representative (Complete Section A)
 Appointment as an Individual Credit Representative (Complete Section B)

[See Attached Checklist for supporting documentation relevant to your Application]

Section A – Corporate Credit Representative

Please note that we do not Authorise Corporate Credit Representatives to sub-authorise subordinate Credit Representatives. Any Credit Representatives that you wish to employ or contract must be separately authorised by I-Financial Group. However, we will not unreasonably refuse any Application recommended by your company, subject only to normal checks and supporting information.

Are you currently Registered with ASIC?	Yes <input type="checkbox"/> No <input type="checkbox"/>	CRN/ACL No.	
Business Structure:	Company <input type="checkbox"/>	Trust <input type="checkbox"/>	Partnership <input type="checkbox"/>
Date Commenced	ABN:	ACN / ARBN:	
Trading Name			

Please list all Directors, Trustees or Partners – including secondary relationships where Corporate Trustees, Shareholders or Partners are involved. Attach a separate sheet or diagram if required:

Full Name	DOB / Date of Incorporation	Residential / Registered Address	Drivers Licence Number / ACN	State of Issue / Incorporation

Is this Business to be contracted by an existing Credit Representative of the I-Financial Group?
If so, who:

Section B – Individual Credit Representative

Are you to be employed or contracted by an existing Credit Representative or Corporate Credit Representative of the I-Financial Group **other than identified in Section A**? Yes No
If so, who:

Are you currently Registered with ASIC?	Yes <input type="checkbox"/> No <input type="checkbox"/>	CRN/ACL No.	
Full Name			
Have you been known by any other names? Detail:			
Residential Address			
Phone Number		Aggregator	

Section B – Individual Credit Representative (Continued)

Email Address			
Drivers Licence Number		State	
Birth Details	Date of Birth		Country
	City/Town		State

Disclosure Questions (To be Completed in all Cases)

Please answer the following questions as they apply to you or any other Applicant. Please note that “Applicant” in this context includes any Director, Shareholder, Trustee, Corporation, Partnership, or Natural Person in control of or associated, in any way whatsoever, with any person or entity which would have any interest in the Credit Representative once appointed.

If you answer YES to any of the following questions please provide full details on a separate sheet clearly identified with your personal and/or entity details.

Questions	YES / NO
Have you ever been refused an Australian Credit License or any other similar instrument by ASIC or a State Government body?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever made Application for an Australian Credit License?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you in the past held an Australian Credit License? If YES – provide License Number and reason for termination, surrender or lapse.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had any action taken against you by ASIC for any reason whatsoever?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been convicted of any offence in any Australian State or Territory within the last 10 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you now, or have you been in the preceding 3 years, an undischarged bankrupt?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you in the preceding 3 years applied to take the benefit of any law for the relief of bankrupt or insolvent debtors, compounded with your creditors or made an assignment of your remuneration for their benefit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
In the last 3 years, did you cease to be concerned in the management of, or a director of, a corporation that became an externally-administered body corporate within 12 months of the date you ceased?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you now, or were you at any time in the preceding 3 years a director or person concerned in the management of an externally-administered body corporate (within the meaning of the Corporations Act 2001 (Cth))?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you disqualified from holding a licence, certificate of registration, permit or other authority under legislation administered by the Minister for Fair Trading in NSW or under a corresponding law in any other State or Territory?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you hold a licence, certificate of registration, permit or other authority that is suspended under legislation administered by the Minister for Fair Trading in NSW or under a corresponding law in any other State or Territory?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Supporting Documentation

Section A – Corporate Credit Representatives

Completed PI Insurance Application – Corporate (Attached)
 Certificates of Incorporation for all related entities
 Registration of Trading Name (if applicable)
 Credit Reference Reports for all Directors / Principals (not more than 3 months old)
 Police Checks for all Directors / Principals (not more than 12 months old)
 Business Membership of an approved EDR Scheme

Section B – Individual Credit Representatives

Completed PI Insurance Application – Individual (Attached)
 Credit Reference Report (not more than 3 months old)
 Police Check (not more than 12 months old)
 AML / CTF Certificate
 Membership of an approved EDR Scheme
 Certificate IV Finance/Mortgage Broking or equivalent
 CV showing min 2 years experience including 2 Contactable Business Referees
 Photo Identification (Passport or Driver's Licence)

DECLARATION BY APPLICANT

I apply for appointment as a Credit Representative under the I-Financial Group and certify that:

1. If my application is granted, I propose to engage in credit activities other than as a credit provider or lessor; and
2. the particulars specified in this application and all attachments are, to the best of my knowledge, true and correct in every detail; and
3. all supporting documents are a true and correct copy of the originals which I have in my possession;
4. I authorise I-Financial Group to do all things necessary to effect professional indemnity insurance on my behalf.

Statement under the Privacy and Personal Information Protection Act 1998.

The applicant:

1. authorises the I-Financial Group to make any inquiries and to receive and disclose any information which is relevant to the applicant's initial and ongoing responsibilities as a Credit Representative;
2. acknowledges that information may be placed on a register maintained by ASIC and open to the public in accordance with the *National Consumer Credit Protection Act* or Regulations under that Act
3. accepts that failure to supply information required on this application form may delay the processing of the application; and
4. has a right to seek access to and correction of information supplied.

Signature:

Position:

Date:

Office Use Only		Actioned by	Date
All Supporting Documents Verified			
Approved for Authorisation			
Authorised on ASIC System	CRN		



www.ii-A.net.au

**NON-EMPLOYED AUTHORISED CREDIT REPRESENTATIVE
MORTGAGE BROKERS PROFESSIONAL INDEMNITY
INSURANCE PROPOSAL**

ABN 28 118 001 415
ACL & AFSL No. 307107
Suite 108 | Level No.1
Ashington Court
147 King Street
Sydney NSW 2000

t 02 9233 2481
f 02 9233 2482

Privacy Statement

ii-A, and any insurer considering the information provided, is bound by the obligations of the Privacy Act 1988 as amended by the Privacy Amendments (Private Sector) Act 2000 regarding the collection, use, disclosure and handling of personal information.

Correspondence
GPO Box 2481
Sydney NSW 2001

ii-A, and any insurer, will use the information you provided in this Proposal Form (including any supplementary documentation) to consider your application for insurance, to determine policy terms, to assess a claim, etc. ii-A, and any insurer, may disclose your personal information to third parties who we believe are necessary to assist us. These third parties will only use your personal information for the purposes we provided it to them (or if required by law). We may also be required to disclose your personal information to others for the purposes of public safety and/or law enforcement.

If you provide us with personal information about other individuals you must ensure that you obtain consent from those individuals to disclose that information to us.

You are entitled to access your personal information and request any correction if required.

Your Duty of Disclosure

Before you enter into a contract of general insurance with an Insurer, you have a duty, under the INSURANCE CONTRACT ACT 1984 to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, upon what terms. You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter:

- That diminishes the risk to be undertaken by the Insurer;
- That is of common knowledge;
- That your Insurer knows or, in the ordinary course of his business, ought to know;
- As to which compliance with your duty is waived by their Insurer.

(It should be noted that this duty continues after the proposal form has been completed up until the time the policy is entered into.)



Non - Disclosure

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce their liability under the contract in respect of a Claim or may cancel the contract.

If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning. It is therefore vital that you make sufficient enquiries BEFORE you complete your proposal form and BEFORE you sign any declaration that there has been no change in the information proposed.

Please take notice of the following statements pursuant to the provisions of the INSURANCE CONTRACT ACT 1984.

Important Notice

Until your application has been received in FULL, and accepted by insurers, you are not insured and are unable to practice as an Authorised Credit Representative of i-Financial Group Pty Limited.

The intention of this cover is to insure you for your Authorised Credit Representative activities performed under i-Financial Group Pty Limited Australian Credit Licence ONLY, subject to the relevant policy terms conditions and exclusions. Should you require any cover in addition to that provided for your Authorised Credit Representative activities, please advise accordingly as part of this application by detailing the details on separate sheet of paper and attaching as an addendum.

Questions

- 1. Authorised Credit Representatives Name: _____
- 2. Office Address: _____

- 3. Telephone Number: _____ Facsimile Number: _____
- 4. Email: _____
- 5. Are all of your professional activities subject to the National Credit Licensing laws?
Yes [] No []

If NO, please provide more details:

_____ (if more space needed please provide separately)

- 6. Please provide details regarding any relevant experience and/or qualification as Authorised Representative:

_____ (if more space needed please provide separately)



7. Is the Authorised Credit Representative(s) aware of any circumstance(s) or claims(s) which may result in a claim being made against the Authorised Credit Representative(s), or against any partnership or company of which any Principal or Authorised Credit Representative(s) is/was a partner, director, CEO or Authorised Credit Representative? Yes [] No []

_____ (if more space needed please provide separately)

8. Has any person or entity seeking cover under this policy ever been investigated, disciplined, banned or disqualified? Yes [] No []

If YES, please provide details:

_____ (if more space needed please provide separately)

9. Have you ever been refused or restricted in your right to carry on any business or profession for which a specific license, registration or Proper Authority is required by law? Yes [] No []

If YES, please provide full details:

_____ (if more space needed please provide separately)

10. Has any judgement including findings in respect of fraud, misrepresentation or dishonesty ever been made against you in any civil proceedings? Yes [] No []

If YES, please provide full details:

_____ (if more space needed please provide separately)

11. Please provide a breakdown of your gross fees/income by Professional Business for the last financial year and the current financial year, either by stating the whole amounts

Fees earned from:	Last Financial Year's Gross Fees	Current Financial Year's Gross Fees
	\$	\$
Mortgage Broking		



12. Of the contracts you arrange credit for, please advise the overall percentage split of credit contract type:

Loan Type	Percentage Split
1. Residential	%
2. Commercial	%
3. Rural	%
4. Industrial	%
5. Investment loans	%
6. Chattel, equipment & plant	%
7. Development/construction	%
8. Refinancing	%
9. Mezzanine	%
10. Line of Credit (including mortgage draw-down facility)	%
11. Other (please provide full details)	%
Total	100%

13. Please provide an approximate estimate of Credit Contract values arranged over the past twelve months:

Credit Contract Value	No. Credit Contracts / % total Income
\$0 < \$250,000	%
> \$250,001 < \$500,000	%
> \$500,000 < \$1,000,000	%
> \$1,000,000	%
Total	100%

14. Please advise the source of credit provider used:

Credit Provider	
Banks, Credit Unions, Building Societies	%
Non-banking credit providers (provide details below)	%
Non-APRA regulated credit providers (provide details below)	%
Private Equity vehicles / superannuation funds (provide details below)	%
Off-shore Credit Providers (provide details below)	%
Solicitors Funds (not covered and provide details below)	%

_____ (if more space needed please provide separately)



Checklist to Ensure a Full Application

- 1. Answered ALL questions in full and executed below Yes []
- 2. Attached a copy of your Curriculum Vitae Yes []

Declaration

I the undersigned, after enquiry, declare the following:

- 1. I am authorised by each of the persons or entities in the definition of ‘Insured’ to make this proposal.
- 2. I have read this Proposal and acknowledge the contents to be true and complete.
- 3. I agree that this Proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon, and I undertake to inform the insurer of any material alteration to these facts whether occurring before or after completion of such contract of insurance.
- 4. I agree that ii-A, and any insurer, may use and disclose our personal information in accordance with the “Privacy Statement” at the beginning of the Proposal.

Although the signing of this Proposal does not bind the insurers to effect insurance, I acknowledge that the particulars and statements contained in this Proposal and in the accompanying documents shall be the basis of the contract if a policy is issued.

Signature: _____

Signatory Name: _____

Company Name: _____

Dated: _____



Corporate Credit Representative Mortgage Brokers Professional Indemnity Insurance Proposal

ABN 28 118 001 415
ACL & AFSL No. 307107
Suite 108 | Level No.1
Ashington Court
147 King Street
Sydney NSW 2000

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f 02 9233 2482

Correspondence
GPO Box 2481
Sydney NSW 2001

ii-A, and any insurer, will use the information you provided in this Proposal Form (including any supplementary documentation) to consider your application for insurance, to determine policy terms, to assess a claim, etc. ii-A, and any insurer, may disclose your personal information to third parties who we believe are necessary to assist us. These third parties will only use your personal information for the purposes we provided it to them (or if required by law). We may also be required to disclose your personal information to others for the purposes of public safety and/or law enforcement.

If you provide us with personal information about other individuals you must ensure that you obtain consent from those individuals to disclose that information to us.

You are entitled to access your personal information and request any correction if required.

Your Duty of Disclosure

Before you enter into a contract of general insurance with an Insurer, you have a duty, under the INSURANCE CONTRACT ACT 1984 to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, upon what terms. You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter:

- That diminishes the risk to be undertaken by the Insurer;
- That is of common knowledge;
- That your Insurer knows or, in the ordinary course of his business, ought to know;
- As to which compliance with your duty is waived by their Insurer.

(It should be noted that this duty continues after the proposal form has been completed up until the time the policy is entered into.)

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If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce their liability under the contract in respect of a Claim or may cancel the contract.

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Questions

Entity Full Legal Name			
Trading Name (if any)			
ACN		ABN/ARBN	
Phone		Fax	
Email			
Is any partner, director, CEO or Authorised Credit Representative(s) of the Corporate Authorised Credit Representative aware of any circumstance(s) or claim(s) which may result in a claim being made against the Entity and/or Corporate Authorised Credit Representative? If yes – attach separate sheet with details.	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Has this entity ever been investigated, disciplined, banned or disqualified? If yes – attach separate sheet with details.	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Has this entity ever been refused or restricted in its right to carry on any business or for which a specific license, registration or Proper Authority is required by law? If yes – attach separate sheet with details.	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Please provide details of all loan writing personnel employed or contracted by this entity. Note: They must all be appointed as Credit Representatives of I-Financial Group and a separate Individual PI Insurance Proposal completed for each. Attach another sheet if insufficient space.			
Full Legal Name	Date of Birth		

Declaration

I the undersigned, after enquiry, declare the following:

1. I am authorised by each of the persons or entities in the definition of 'Insured' to make this proposal.
2. I have read this Proposal and acknowledge the contents to be true and complete.
3. I agree that this Proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon, and I undertake to inform the insurer of any material alteration to these facts whether occurring before or after completion of such contract of insurance.
4. I agree that ii-A, and any insurer, may use and disclose our personal information in accordance with the "Privacy Statement" at the beginning of the Proposal.

Although the signing of this Proposal does not bind the insurers to effect insurance, I acknowledge that the particulars and statements contained in this Proposal and in the accompanying documents shall be the basis of the contract if a policy is issued.

Signature: _____

Full Name: _____

Capacity: _____

Company Name: _____

Date: _____

PLEASE DO NOT SUBMIT THIS PAGE

Completed Applications and supporting documents can be sent to us at:

Fax: 02 4958 2921

Scan and Email: compliance@ifinancialgroup.com.au

Post: Compliance Team
I-Financial Group
PO Box 109
BOOLAROO NSW 2284

If you need assistance, please contact the Compliance Manager:

Email: compliance@ifinancialgroup.com.au

Phone:

Sydney: 02 8004 0209

Melbourne: 03 9095 8668

Adelaide: 08 8464 0818

Brisbane: 07 3333 1949

Newcastle: 02 4958 1835

Perth: 08 6465 4747