



APPLICATION FOR REFERRER ACCREDITATION

Legal name of Entity _____

ACN No.: _____ ABN No.: _____
(Please attach Certificate of Incorporation and / or Registration of Business Name)

Trading Name (if different to above): _____

Principal place of business (address): _____

Suburb: _____ State: _____ Postcode: _____

Postal Address (if different to above): _____

Suburb: _____ State: _____ Postcode: _____

Contact details

Phone: _____ Mobile: _____
e-mail: _____ Fax: _____

Company Structure:

Are the personnel that would be responsible for face to face meetings with potential Deposit Guarantee Applicants employed by the above Company or Sub-contracted.

Please tick:

Employed or Contracted

Group Affiliation

Is the applicant independent? **YES / NO**

If No, is the firm associated with an Aggregator or Funds Manager? **YES / NO**

if so please provide the name below;

Group Affiliation Name _____

Is the Group MIAA; FPAA; FBAA or equivalently accredited? **YES / NO**

Person at your company who may be contacted
in connection with this questionnaire? _____



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Company's Senior Personnel

Details of Principal officers of the firm.

First Name	Middle Name	Surname

Please give the name(s) of individuals within the firm who will be responsible for the Sign Off of Deposit Guarantee Submissions?

Full name	Position

Can the above individuals each demonstrate at least an aggregate 5 years experience in any one or more of the following fields? (i) Banking (pref. lending) (ii) Mortgage Origination (iii) Accountancy (iv) Security Dealing or Investment Advice (vi) Surety Bond Market.

YES NO (If NO, please elaborate below)

Has the firm or any one of its current employees, officers or directors ever had its/his/her licence(s) suspended or revoked, or re-licensing refused?

YES NO

If "Yes", please describe the circumstances: _____

Has the Entity or its directors been involved in any Court proceedings in the last three years, eg, claims for negligent advice, fraud, unpaid debts etc. If yes please provide details. Yes No

DBA Web site

DBA's policy is to ensure that all accredited Referrers use the DBA web facilities. These facilities allow for Product updates, Application forms, Underwriting criteria and Deposit Bond stationary.



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Professional Indemnity Cover-Mortgage Origination (Does not need to cover Deposit Guarantees)

Is the Group Affiliation covered by Professional Indemnity cover
 Is the individual entity covered by any Professional Indemnity cover
 Has there been any Professional Indemnity claims?
 made by the individual entity (whether insured or not) within the last
 5 years, or is the firm aware of any incident or circumstance
 which may give rise to a claim?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

(Please Attach Certificate of Currency)
(If YES, please attach details)

References

Please Supply Three Business References in the space provided below:

Business Name	Contact Name	Phone Number

Application signed by an authorised representative

Signature: _____

Name: _____

Position: _____

Date: _____

Please Return the Completed Referrer Application to DBA with the following documents annexed:

- | | |
|--|--|
| <input type="checkbox"/> <i>Certificate of Incorporation</i> | <input type="checkbox"/> <i>Registration of Business Name – if applicable</i> |
| <input type="checkbox"/> <i>Current Professional Indemnity Certificate-Mortgage Origination only</i> | <input type="checkbox"/> <i>MIAA, FPAA or FBAA membership & accreditation.</i> |

Please complete and send to:-

Referrer Application
Deposit Bond Australia Pty Limited
Locked Bag 4004
SURRY HILLS NSW 2010