



## APPLICATION FOR REFERRER ACCREDITATION

### APPLICANT REFERRER DETAILS: -

Referrer's Trading Name \_\_\_\_\_

ABN: \_\_\_\_\_ *\*\*\*\*Please provide Certificate of Incorporation or Registration\*\*\*\**

Contact Name \_\_\_\_\_ Position \_\_\_\_\_

Business Address: Email \_\_\_\_\_

Street: \_\_\_\_\_ Postcode \_\_\_\_\_

Postal: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Mobile: \_\_\_\_\_

### INDIVIDUAL REFERRERS (Authorised Representatives of Applicant Company)

Name: \_\_\_\_\_ Position & Industry Qualifications: \_\_\_\_\_

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Name: \_\_\_\_\_ Position & Industry Qualifications: \_\_\_\_\_

### CURRENT MEMBERSHIPS (Tick all as applicable):

Aggregator Group: Yes  No  If Yes please nominate: \_\_\_\_\_

Franchise: Yes  No  If Yes please nominate: \_\_\_\_\_

MFAA  FBAA  FPAA  REI

*Please provide a copy of the relevant Certificate(s) of Accreditation*

### Current Professional Indemnity Insurance:

Yes  No  Please provide a copy of Certificate of Currency

### Applicant Referrer Declaration:

*By signing this application form you are confirming as the Applicant or as an authorised officer of the Applicant company the following:*

- *Neither you nor any other nominated authorised representative listed above seeking accreditation with DBA have had an industry licence suspended or revoked; and*
- *Have not been involved in any form of Claims including those relating to Deposit Bonds, Professional Indemnity Insurance whether on account of alleged negligence or fraudulent behavior; and*
- *Have not been the subject of debt recovery, Winding up or Bankruptcy proceedings*

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_