



M Capitol Pty Ltd

Australian Credit License: 394597

ABN: 32 137 997 212

New Representative Accreditation Form

ACCREDITATION FORM			
Broker Group/Aggregator:			Date:
Broker Representative/Individuals Name:			
Company Name (as registered with ASIC):		Trading Name (if different to Registered name):	
Postal Address:		State:	Postcode:
Street Address (if different to postal address):		State:	Postcode:
Phone Number:		Mobile Number:	
Fax Number:		Email Address:	
NCCP licensing requirements for representatives			
Representatives may only engage in credit activities if they:			
1. Have been issued with an Australian Credit License (ACL);			
2. Have been appointed as an Authorised Credit Representative (ACR) by an entity that has been issued with an ACL; or			
3. Are an employee or director of an entity that has been issued with an ACL			
Please tick the box that is applicable and provide information:			
1. <input type="checkbox"/> Representative is licensed in his own name;			
License Number:			
2. <input type="checkbox"/> Representative is an Authorised Credit Representative;			
Authorised Credit Representative:		Entity's License Number:	
3. <input type="checkbox"/> Representative is a Director or Employee of a licensed entity;			
Entity's License Number:			
Employment History (two years minimum)			
1.			
2.			



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Document requirements for representatives

1. A current membership certificate for one of the following industry bodies is required:

- Mortgage and Finance Association of Australia (MFAA), or
- Finance Brokers Association of Australia Ltd (FBAA)

2. A current Certificate of one of the below qualifications is required:

- Certificate IV Financial Services (Finance/Mortgage Broking)
- Diploma of Financial Services (Finance/Mortgage Broking Management)

3. National Criminal history record check of not more than three months old

4. 100 points of identification

5. Evidence of membership to an external dispute resolution (can be under employer's name)

6. Credit Report

Have you ever had accreditation declined or cancelled by another lender: Yes No

If yes, please provide details:

Declaration

- I consent to receiving commercial electronic communications, products and policies, promotions and marketing materials from M Capitol.
- I declare that all the information in this form is accurate and true.

Signature

Broker Representative/Individual Signature:

Date:

Broker Representative/Individual Name (please print):

Broker Representative Position (please Print):