

Commercial Originator

Application Form

Please fax or Email with supporting information to:

Global Capital Commercial

Fax: (02) 9222 9500

Email: broker@globalcapital.com.au



Applicant Name: Trading Name: ASIC Licence Type: ABN: ACN: Registered Address: Business Address: (If different to registered address) Mailing Address: Phone: Fax: ACN: Phone: Fax: Mobile: Email: Primary Contact: Company Directors and Principals: Key Commercial Business Writers: Shareholders: Shareholders: Fyur Aggregator: Primary Business Activity: Other Business Activities: Years in Primary Business Principal Officers: Principal Officers: Principal Officers: Principal Officers: Fax: Fax: Mobile: Fax: Mobile: Fax: Mobile: Fax: Mobile: Fax: Fax: Mobile: Fax: Fax: Fax: Fax: Fax: Fax: Fax: Fa	Corporate Details			
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	Industry Body Memberships:		Full Accredited Mortgage Consultant Associate	



Business Details continued					
Name of Lender Referees:		Phone:			
1. ()					
2.		()			
3.		()			
Name & Contact Details of pe	ersons authorised to act under	this accreditation:			
Name:	Address: (if different from head office	Mobile No:	Email Address:		
Congraphic Location of Open	ational (Include acceptanced leasti				
Geographic Location of Operations: (Include number and location of offices and staff)					
Professional Inder	nnity Insurance Cov	ver			
Insurance Company:					
	000.000 cover required)		Expiry Date:		
Amount Cover: (Minimum \$2,000,000 cover required) Type of Cover: Expiry Date:					
COPY ATTACHED					
ATTACHMENTS					
Signed and Certified copies of the following are attached:					
Certificate of Incorporation					
Austalian Credit Licence / Authorised Credit Representative (as applicable) Trust Deed (If applicable)					
Professional Indemnity Insurance Policy and Certificate of Currency					
Industry Body Membership & COSL membership (as applicable)					
APPLICANTS SIGNATURE					
I confirm that the above information provided by me is true and correct.					
Signed by: (Print name and title)					
On Behalf of:					
Signed:		Date: / /			