



Commercial Originator

Application Form

Please fax or Email with supporting information to:

Global Capital Commercial

Fax: (02) 9222 9500

Email: broker@globalcapital.com.au

Corporate Details

Applicant Name:

Trading Name:

ASIC Licence Type:

Licence No:

ABN:

ACN:

Registered Address:

Business Address: (If different to registered address)

Mailing Address:

Phone:

Fax:

Mobile:

Email:

Primary Contact:

Date of Incorporation:

State of Incorporation:

Company Directors and Principals:

Key Commercial Business Writers:

Shareholders:

Business Details

Your Aggregator:

Primary Business Activity:

Other Business Activities:

Years in Primary Business:

Principal Officers:

Previous Experience in Finance Industry:

List Financial Institutions Where Accreditation Currently Held

Commercial:

Volumes in Last 12 Months:

Residential:

Industry Body Memberships:

MIAA No:

Full

Accredited Mortgage Consultant

Associate

FBAA No:

Other: (Please give details)

Business Details continued...

Name of Lender Referees:

Phone:

1.	()
2.	()
3.	()

Name & Contact Details of persons authorised to act under this accreditation:

Name:	Address: (if different from head office)	Mobile No:	Email Address:

Geographic Location of Operations: (Include number and location of offices and staff)

Professional Indemnity Insurance Cover

Insurance Company:

Amount Cover: (Minimum \$2,000,000 cover required)

Expiry Date:

Type of Cover:

COPY ATTACHED

ATTACHMENTS

Signed and Certified copies of the following are attached:

- Certificate of Incorporation
- Australian 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: / /