

# Member Application Pack

Thank you for considering Professional Lender's Association Network of Australia Pty Ltd ACN 086 490 833 as your finance aggregator. The forms contained in this pack, along with the supporting documents we ask you to provide, are designed to ensure we hold the information we require about you to:

- consider your application;
- meet our compliance obligations;
- prepare agreements for your review and execution; and
- give you information, training and support to assist in developing your business.

The Checklist of documentation **MUST** be completed including the Credit Registration or Licensing Notification section and all supporting documentation.

If you have any questions about completing this form or any of the supporting documents, please contact your PLAN Australia Business Development Manager.

**NOTE: This is an application only. Please do not submit finance applications to our lender panel until we notify you that we have approved your membership application. You are eligible to receive commissions only for loans you broker after we approve your membership application.**

## BUSINESS DEVELOPMENT MANAGER RECOMMENDATION:

BDM name:

Signature:

Approved Commission Band: Upfront  % Trail  %

Approver name:

Signature:

Position (indicated as applicable): PLAN Australia CEO  National Operations Manager  Regional Manager

Professional Lenders Association Network of Australia Pty Ltd ACN: 086 490 833 Level 10, 101 Collins Street, Melbourne VIC 3000  
**Phone:** 1300 787 814 **Web:** [www.planaustralia.com.au](http://www.planaustralia.com.au)

## HOW TO COMPLETE THIS APPLICATION PACK:

### IF YOU ARE APPLYING TO BE A CREDIT REPRESENTATIVE OF BLSSA PTY LTD:

- Section A, B, and C of Partner pack to be completed.
- Loan Consultant pack to be completed for each loan writer connected to the applicant.
  - \* **Primary Director** of the applicant to complete section B of this application, not required to complete separate Loan Consultant application

### IF YOU HOLD YOUR OWN AUSTRALIAN CREDIT LICENCE:

- Sections A and C of Partner pack to be completed.
- Copy of Australian Credit Licence from ASIC to be provided.

### IF YOU ARE A CREDIT REPRESENTATIVE OF AN ACL HOLDER (OTHER THAN BLSSA):

- Sections A and C of Partner pack to be completed.
- Letter of Authority from the ACL holder to be provided.

## CHECKLIST OF DOCUMENTATION TO SUPPORT YOUR APPLICATION:

### FOR THE APPLICANT:

- Memorandum and Articles of Association/Constitution for Corporate Entities (or written confirmation from director stating that Articles or Constitution do not prohibit the company from dealing in Finance).
- Copies of Certificate of Incorporation and/or Business Registration Certificate (*if applicable*).
- Copy of Certificate of Business Name Registration (*if applicable*).
- Copy of Trust Deed or written confirmation from the Trustee(s) that the Trustee(s) are authorised to deal in financial products (*if applicable*).
- Copy of MFAA Full Member certificate or FBAA membership certificate. Finance).  
Application forms for MFAA Membership can be found at [www.mfaa.com.au](http://www.mfaa.com.au)  
Application forms for FBAA Membership can be found at [www.financebrokers.com.au](http://www.financebrokers.com.au)
- Copy of COSL or FOS or other ASIC approved external dispute resolution scheme membership certificate (with Schedule of Representatives).
- Copies of Professional Indemnity Insurance Certificate(s) of currency and schedule.
- Professional Indemnity Insurance – minimum cover of \$1million is required in all instances.  
*Please note – Some lenders require minimum cover of \$2million for their accreditation.*
- Public Liability Insurance – minimum cover of \$5million is required if you operate from an office where you meet with clients. *If all of your appointments are held away from your office (eg at your clients' homes), this is not required.*

## CHECKLIST OF DOCUMENTATION TO SUPPORT YOUR APPLICATION: *Continued*

### FOR THE PRINCIPAL OF THE APPLICANT:

Non loan writing Director's see page 4. All other loan writing Directors must complete a separate Loan Consultant pack.

- 100 Point Identification check.

DOCUMENT TYPE: <i>An original certified copy of the relevant document is required.</i>		POINT VALUE:
Only one allowed	<input type="checkbox"/> Birth Certificate	70
	<input type="checkbox"/> Current passport	
	<input type="checkbox"/> Expired Australian Passport (which has not been cancelled and which was current in the preceding two years)	
	<input type="checkbox"/> Citizenship Certificate	
<input type="checkbox"/> Driver's licence	40	
<input type="checkbox"/> Utility bill (e.g. telephone, gas or electricity bill)	25	
<input type="checkbox"/> Medicare card	25	
<input type="checkbox"/> Financial Institution passbook, account statement, debit or credit card (one per institution only)	25	
<input type="checkbox"/> Rates Notice	35	
<b>TOTAL NUMBER OF POINTS</b> <i>(must be at least 100 points)</i>		<b>100</b>

**NOTE: Must include at least one document with photo identification. Documents must be clear and legible.**

- Copy of National Police Check issued within the past 6 months - available through the Australian Federal Police and some State Police departments.
- Credit History issued within the past 3 months or a signed Privacy Consent in Section C to allow us to conduct this on your behalf *Please tick here if you require us to conduct this on your behalf* .
- Certified Copy of minimum industry education qualification: Certificate IV in Financial Services (Finance Mortgage Broking) and Diploma Financial Services will be required from 1st July 2012.
- Two Character Declaration References (*separate documents*) from people who can confirm your lending experience and skill. *If you have under 2 years Lending experience, your mentor can be one of these.*
- Resume or Employment History Form (*Employment History Form in Section A in member pack to be completed by Principal Director*).
- AML Certificate.
- Letter of Separation from previous Aggregator/Employer (*if applicable*).

### FOR APPLICANTS WHO ARE ACL HOLDERS :

- Copy of Australian Credit Licence **OR**
- Copy of Letter of Authority from ACL Holder

## SUPPORTING DOCUMENTS FOR NON LOAN WRITING DIRECTORS:

- 100 Point Identification check.

DOCUMENT TYPE: <i>An original certified copy of the relevant document is required.</i>		POINT VALUE:
Only one allowed	<input type="checkbox"/> Birth Certificate	70
	<input type="checkbox"/> Current passport	
	<input type="checkbox"/> Expired Australian Passport (which has not been cancelled and which was current in the preceding two years)	
	<input type="checkbox"/> Citizenship Certificate	
<input type="checkbox"/> Driver's licence	40	
<input type="checkbox"/> Utility bill (e.g. telephone, gas or electricity bill)	25	
<input type="checkbox"/> Medicare card	25	
<input type="checkbox"/> Financial Institution passbook, account statement, debit or credit card (one per institution only)	25	
<input type="checkbox"/> Rates Notice	35	
<b>TOTAL NUMBER OF POINTS</b> <i>(must be at least 100 points)</i>		<b>100</b>

**NOTE: Must include at least one document with photo identification. Documents must be clear and legible.**

- Copy of National Police Check issued within the past 6 months - available through the Australian Federal Police and some State Police departments. *Note: We cannot accept third party Police Checks.*
- Credit History issued within the past 3 months or a signed Privacy Consent in Section C to allow us to conduct this on your behalf. Please tick here if you require us to conduct this on your behalf .

## CREDIT REGISTRATION OR LICENSING NOTIFICATION:

### ACL STATUS/INTENTION:

Active ACL status: Yes  No

#### ACTIVE ACL STATUS:

ACL number:

Relationship to ACL: Director  Employee  Credit Representative

Other

CR number (if applicable):

Additional notes re ACL status:

#### NO CURRENT ACL STATUS:

Reason:

Do you wish to become a Credit Representative of BLSSA Pty Ltd? Yes  No

## SECTION A: MEMBER DETAILS

### APPLICANT DETAILS:

Nature of applicant: Company  Partnership  Sole trader  Trustee

No. of years established:  Years

Full name of applicant: *If the applicant is a trustee, please disclose the full name of the trustee and the trust.*

Trading name (if different to Applicant's name):

ACN number:

ABN number:

Business address:

Postal address / registered office address:

Phone number:

Fax number:

Email address:

Web address:

**APPLICANT'S DIRECTORS/PROPRIETORS:** Please provide details of ALL Directors/Proprietors.

**DIRECTOR 1 / PROPRIETOR 1 / SOLE TRADER:**

Loan Writer  Non Loan Writer

Title: Mr  Mrs  Ms

Full name:

Previous name (if applicable):

Business address:

Business number:

Mobile:

Home address:

Home number:

Email address:

Date of birth:

Drivers licence number:

State licence issued in:

**DIRECTOR 2 / PROPRIETOR 2:**

Loan Writer  Non Loan Writer

Title: Mr  Mrs  Ms

Full name:

Previous name (if applicable):

Business address:

Business number:

Mobile:

Home address:

Home number:

Email address:

Date of birth:

Drivers licence number:

State licence issued in:

**APPLICANT'S DIRECTORS/PROPRIETORS:** *Continued*

**DIRECTOR 3 / PROPRIETOR 3:**

Loan Writer  Non Loan Writer

Title: Mr  Mrs  Ms

Full name:

Previous name (if applicable):

Business address:

Business number:

Mobile:

Home address:

Home number:

Email address:

Date of birth:

Drivers licence number:

State licence issued in:

**DIRECTOR 4 / PROPRIETOR 4:**

Loan Writer  Non Loan Writer

Title: Mr  Mrs  Ms

Full name:

Previous name (if applicable):

Business address:

Business number:

Mobile:

Home address:

Home number:

Email address:

Date of birth:

Drivers licence number:

State licence issued in:

**Note: If there is insufficient space to provide full details, please attach additional pages.**

## BUSINESS/TRADING ACTIVITIES:

Finance broking activities (please tick all current business activities):

Residential Lending
  Commercial Lending
  Personal Loans
  Leases
  Equipment Finance

Do you derive all your employment income from finance broking activities? Yes  No

Please list the other employment activities you perform and the percentage of your income derived from each:

ACTIVITY:	PERCENTAGE:
Finance broking: residential or personal lending	%
Finance broking: commercial or equipment finance	%
Financial planning	%
Accounting	%
Real estate	%
Property development	%
Mortgage management	%
Other (please specify):	%
Other (please specify):	%
<b>TOTAL 100%</b>	

How do you source customers to your business? Include the percentage each type equates to.

SELECT:	SOURCE:	PERCENTAGE:
<input type="checkbox"/>	Own marketing/advertising efforts (excluding website)	%
<input type="checkbox"/>	Website generated referrals	%
<input type="checkbox"/>	Referrals from businesses	%
<input type="checkbox"/>	Referrals from family and friends	%
<input type="checkbox"/>	Referrals from existing customers	%
<input type="checkbox"/>	Buy referrals	%
<input type="checkbox"/>	Other:	%
<input type="checkbox"/>	Other:	%
<input type="checkbox"/>	Other:	%
<b>TOTAL 100%</b>		

What is your current loan book size?

\$0-\$10 million
  \$10-\$20 million
  \$20-\$30 million
  \$30-\$40 million
  \$40-\$50 million  
 \$50-\$100 million
  \$100-\$200 million
  \$200-\$300 million
  Above \$300 million

Approximately how much new business do you write each year (\$)?

\$0-\$2 million
  \$2-\$7 million
  \$7-\$12 million
  \$12-\$20 million
  \$20-\$30 million  
 Above \$30 million

**TRUST UNIT HOLDERS/TRUST BENEFICIARIES:** *Only for Applicants which are a trust.*

Please list the names and titles of ALL the Applicant's:

- unit holders, if the Applicant is a unit trust; or
- beneficiaries or class of beneficiaries, if the Applicant is a trust other than a unit trust.

If shares/units are held by a company/ies, please provide full particulars of ALL directors and shareholders of those companies.

Full name:

ACN (if a company):

ABN (if a company):

Full name:

ACN (if a company):

ABN (if a company):

Full name:

ACN (if a company):

ABN (if a company):

Full name:

ACN (if a company):

ABN (if a company):

Full name:

ACN (if a company):

ABN (if a company):

Full name:

ACN (if a company):

ABN (if a company):

Full name:

ACN (if a company):

ABN (if a company):

Full name:

ACN (if a company):

ABN (if a company):

**Note: If there is insufficient space to provide full details, please attach additional pages.**

## BUSINESS INFORMATION:

Please provide information for each of the following:

- a) Administration / Loan Processing Staff
- b) Each of the Applicant's Loan Consultants. Please provide a New Loan Consultant Application Pack for each Loan Consultant.

Fields to complete for each affiliate:

- a) **Full name:** *As shown on Driver's Licence*
- b) Whether this person engages in credit activities
- c) **Employment or other status:** *The type of commercial relationship between the applicant and affiliate.*

FULL NAME:	DOES THIS PERSON ENGAGE IN CREDIT ACTIVITIES?	EMPLOYMENT OR OTHER STATUS:
	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If no</b> , what is their role in the business? <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/> Employee (PAYG) <input type="checkbox"/> Contractor
	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If no</b> , what is their role in the business? <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/> Employee (PAYG) <input type="checkbox"/> Contractor
	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If no</b> , what is their role in the business? <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/> Employee (PAYG) <input type="checkbox"/> Contractor
	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If no</b> , what is their role in the business? <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/> Employee (PAYG) <input type="checkbox"/> Contractor
	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If no</b> , what is their role in the business? <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/> Employee (PAYG) <input type="checkbox"/> Contractor
	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If no</b> , what is their role in the business? <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/> Employee (PAYG) <input type="checkbox"/> Contractor
	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If no</b> , what is their role in the business? <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/> Employee (PAYG) <input type="checkbox"/> Contractor
	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If no</b> , what is their role in the business? <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/> Employee (PAYG) <input type="checkbox"/> Contractor
	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If no</b> , what is their role in the business? <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/> Employee (PAYG) <input type="checkbox"/> Contractor

**Note: If there is insufficient space to provide full details, please attach additional pages.**

## EMPLOYMENT HISTORY AND EDUCATIONAL QUALIFICATIONS:

To be completed by the Principal Director of the Applicant.

### EDUCATIONAL QUALIFICATIONS: *Attach copies of certificates.*

Minimum Certificate IV in Financial Services/Mortgage Broking is required (see supporting documents). Also list any other qualification relevant to the industry (not mandatory).

Institution name:

City/State/Country:

Qualification:

Name stated on Certificate *(if different from present name)*:

### EMPLOYMENT HISTORY:

Please provide current and previous employment details for the last ten years or attach resume.

NAME AND ADDRESS OF EMPLOYER:	OCCUPATION:	INDUSTRY:	PERIOD OF EMPLOYMENT:	CORE DUTIES:
Current employer:			Employed from: To:	
Previous employer 1:			Employed from: To:	
Previous employer 2:			Employed from: To:	
Previous employer 3:			Employed from: To:	
Previous employer 4:			Employed from: To:	
Previous employer 5:			Employed from: To:	

*If you have less than two years experience within Mortgage Broking, please provide Mentor details.*

### MENTOR DETAILS:

Mentors full name:

Contact phone number:

Business address:

Apartments/unit or level number:

Street number:

Street name:

Suburb/ City:

State:

Postcode:

Email address:

**BANK DETAILS PAYMENT DIRECTION:**

**BANK ACCOUNT DETAILS:**

Agreement name:

ABN:

Bank:

Account name:

BSB:  Account number:

## SECTION B: BLSSA CREDIT REPRESENTATIVE APPLICANTS

Are you a Partner applying to be a Corporate Credit Representative? Please complete Sections B (i) and B(ii).

Are you a Partner applying to be a Credit Representative? Please complete section B(ii) only.

### SECTION B(i): RELATING TO THE CORPORATE ENTITY

**For the Corporate Credit Representative.**

#### AUSTRALIAN FINANCIAL SERVICES LICENCE (AFSL):

Do you provide financial services advice or products under an Australian Financial Services Licence: Yes  No

**If yes**, please provide the following details:

AFSL entity / name:

AFSL number:

Tick the appropriate box:

- The corporate entity applying holds an AFSL.  
 The corporate entity applying is an Authorised Representative of the above mentioned AFSL.

What financial products and services is the corporate entity currently authorised to provide?

#### PROFESSIONAL INDEMNITY INSURANCE QUESTIONNAIRE:

##### SECTION 1 – GENERAL: *Select one of the following options.*

- I intend to request cover under the BLSSA Credit Representatives' Group Master Professional Indemnity Insurance Policy from  and **intend to terminate existing cover on confirmation of being insured under the proposed Professional Indemnity Policy.**

Please provide details of coverage this Policy will replace:

Name of Insurer:

Policy number:

- I intend to retain or obtain appropriate Professional Indemnity Insurance with another Insurer **and do not intend to take up the BLSSA Credit Representatives' Group Master Professional Indemnity Insurance Policy at this time.**

Do you intend to transfer over to the BLSSA Credit Representatives' Group Master Professional Indemnity Policy in the near future? Yes  No

**If yes**, please advise of the date if known:

Please provide details of coverage you will retain:

Name of Insurer:

Policy number:

**SECTION 2 – CLAIMS AND KNOWN MATTERS:**

1. a) Has any claim been made against you or any principal, partner or director (either as principal, partner or director of your current or of any previous business), consultant or employee in respect to the activities to which this application relates? Yes  No

If yes, please provide details:

Cost, if any, of claim paid: \$

Date of claim or loss:

Brief details of each claim or loss insured (including name of the Insurer if applicable):

Estimated outstanding loss: \$

- b) Have you or any principal, partner, director, consultant, employee or any predecessor in business ever incurred any other loss or expense which might be within the terms of the BLSSA Credit Representatives' Group Master Professional Indemnity Insurance Policy? Yes  No

If yes, please provide details:

Cost, if any, of claim paid: \$

Date of claim or loss:

Brief details of each claim or loss insured (including name of the Insurer if applicable):

Estimated outstanding loss: \$

2. What action has been taken to prevent a recurrence of the situation which gave rise to each claim or loss?

3. Are you or any principal, partner, director, consultant or employee aware of any circumstances, **after enquiry**, which might:

- a) Give rise to a claim against you or your predecessors in business or any of the present or former partners, principals, directors, consultants or employees? Yes  No

- b) Result in you or your predecessors in business or any of the present or former partners, principals, directors, consultants or employees incurring any losses or expenses which might be within the terms of the BLSSA Credit Representatives' Group Master Professional Indemnity Insurance Policy? Yes  No

- c) Otherwise affect the Policy Holder or Insurer's consideration of you for this insurance? Yes  No

If yes to any of the above, please provide details, including maximum potential cost. *Please attach separate advice if insufficient room on this form.*

You should consider informing your present Insurer of any matter that you are currently aware of that has the potential to lead to a claim against your current Professional Indemnity Insurance. Known matters will not be covered under the BLSSA Credit Representatives' Group Master Professional Indemnity Insurance Policy.

4. Are there any other matters of which you are aware, or which you should reasonably know, that could be relevant to the Insurer's decision to give you cover under the BLSSA Credit Representatives' Group Master Professional Indemnity Insurance Policy or relevant to the extent of cover the Insurer is willing to give?

Yes  No

**If yes,** please outline details below.

## SECTION B(ii): RELATING TO THE INDIVIDUAL

For the Credit Representative.

### AUSTRALIAN FINANCIAL SERVICES LICENCE (AFSL):

Do you provide financial services advice or products under an Australian Financial Services Licence: Yes  No

If **yes**, please provide the following details:

AFSL entity / name:

AFSL number:

Tick the appropriate box:

- I am a Director Representative of the above mentioned AFSL.
- I am an Employee Representative of the above mentioned AFSL.
- I am an Authorised Representative of the above mentioned AFSL.

### PROFESSIONAL INDEMNITY INSURANCE QUESTIONNAIRE:

#### SECTION 1 – GENERAL: *Select one of the following options.*

- I intend to request cover under the BLSSA Credit Representatives' Group Master Professional Indemnity Insurance Policy from  and **intend to terminate existing cover on confirmation of being insured under the proposed Professional Indemnity Policy.**

Please provide details of coverage this Policy will replace:

Name of Insurer:

Policy number:

- I intend to retain or obtain appropriate Professional Indemnity Insurance with another Insurer **and do not intend to take up the BLSSA Credit Representatives' Group Master Professional Indemnity Insurance Policy at this time.**

Do you intend to transfer over to the BLSSA Credit Representatives' Group Master Professional Indemnity Policy in the near future?

Yes  No

If **yes**, please advise of the date if known:

Please provide details of coverage you will retain:

Name of Insurer:

Policy number:

**SECTION 2 – CLAIMS AND KNOWN MATTERS:**

1. a) Has any claim been made against you or any principal, partner or director (either as principal, partner or director of your current or of any previous business), consultant or employee in respect to the activities to which this application relates? Yes  No

**If yes**, please provide details:

Cost, if any, of claim paid: \$

Date of claim or loss:

Brief details of each claim or loss insured (including name of the Insurer if applicable):

Estimated outstanding loss: \$

- b) Have you or any principal, partner, director, consultant, employee or any predecessor in business ever incurred any other loss or expense which might be within the terms of the BLSSA Credit Representatives' Group Master Professional Indemnity Insurance Policy? Yes  No

**If yes**, please provide details:

Cost, if any, of claim paid: \$

Date of claim or loss:

Brief details of each claim or loss insured (including name of the Insurer if applicable):

Estimated outstanding loss: \$

2. What action has been taken to prevent a recurrence of the situation which gave rise to each claim or loss?

3. Are you or any principal, partner, director, consultant or employee aware of any circumstances, **after enquiry**, which might:

- a) Give rise to a claim against you or your predecessors in business or any of the present or former partners, principals, directors, consultants or employees? Yes  No

- b) Result in you or your predecessors in business or any of the present or former partners, principals, directors, consultants or employees incurring any losses or expenses which might be within the terms of the BLSSA Credit Representatives' Group Master Professional Indemnity Insurance Policy? Yes  No

- c) Otherwise affect the Policy Holder or Insurer's consideration of you for this insurance? Yes  No

**If yes** to any of the above, please provide details, including maximum potential cost. *Please attach separate advice if insufficient room on this form.*

You should consider informing your present Insurer of any matter that you are currently aware of that has the potential to lead to a claim against your current Professional Indemnity Insurance. Known matters will not be covered under the BLSSA Credit Representatives' Group Master Professional Indemnity Insurance Policy.

4. Are there any other matters of which you are aware, or which you should reasonably know, that could be relevant to the Insurer's decision to give you cover under the BLSSA Credit Representatives' Group Master Professional Indemnity Insurance Policy or relevant to the extent of cover the Insurer is willing to give?

Yes  No

**If yes,** please outline details below.

## SECTION C: LENDER ACCREDITATIONS, WARRANTIES AND CONSENTS

### NEW / CURRENT LENDER ACCREDITATIONS:

Please list below any new accreditations you require as well as your current accreditations indicating those requiring transfers to PLAN Australia.

You will automatically be accredited with NAB, HomeSide and PLAN Lending. If you DO NOT wish to be accredited with these Lenders, please tick this box .

LENDER:	CURRENT:	TO BE TRANSFERRED:	NEW (REQUIRED):	CURRENT ID NUMBER:	RELATIONSHIP MANAGER:	OFFICE USE ACTIONED:
Adelaide Bank .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
AMP .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
ANZ Bank .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Australian First Mortgage .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Bank of Melbourne .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Bank of SA .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
BankWest .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Citibank .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
CBA/Colonial .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Heritage Building Society .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Homeloans Ltd .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
ING Direct .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
La Trobe Financial .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Liberty Financial .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Macquarie Mortgage Solutions .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Newcastle Permanent Building Society .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
People's Choice Credit Union .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Pepper .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Phoenix Mortgage Management .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Police & Nurses Mutual Banking .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
St George .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Suncorp .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Resi .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
The Rock Building Society .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Westpac .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Wide Bay Australia Pty Ltd .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

### LOAN PROTECTION INSURANCE ACCREDITATION:

Do you wish to be accredited with PLAN Loan Protect: Yes  No

## DECLARATION:

### HAS THE APPLICANT OR ANY OF ITS DIRECTORS/PARTNERS/TRUSTEE/PROPRIETORS:

YES / NO

Had a lender, originator, industry association, finance aggregator or external dispute resolution scheme declined or withdrawn accreditation or membership?

Yes  No

If yes, please provide details:

Been the subject of a lender, originator, industry association, finance aggregator, regulator or external dispute resolution scheme investigation for misconduct, fraud or any other reason?

Yes  No

If yes, please provide details:

Been found guilty of an offence involving fraud, dishonesty, drug trafficking or violence?

Yes  No

If yes, please provide details:

Ever been declared bankrupt or been subject to control under the Bankruptcy Act 1966?

Yes  No

If yes, please provide details:

Had an application for the grant or renewal of a licence or authorisation under the National Consumer Credit Protection Act 2009, refused, suspended, cancelled or revoked?

Yes  No

If yes, please provide details:

Been subject to a ban, suspension, cancellation, disqualification, order, or otherwise prohibited under the National Consumer Credit Protection Act 2009 or the laws of any State or Territory of Australia, from engaging in credit activity?

Yes  No

If yes, please provide details:

Carried on any other occupation, profession or business that is regulated under the laws of the Commonwealth or any State or Territory of Australia, and had its or their licence, registration or permission to carry on that occupation, profession or business refused, suspended or cancelled, or been disqualified from carrying on that occupation, profession or business?

Yes  No

If yes, please provide details:

## STATEMENT OF PERSONAL INFORMATION:

### REFERENCE QUESTIONS:

#### LICENCES AND AUTHORISATION:

Within the last 10 years, within Australia and/or overseas, have you ever been refused the right, or been restricted in the right, to carry on any trade, business or profession for which an authorisation (licence, certificate, registration or other authority) is required by law?

Yes  No

Within the last 10 years, within Australia and/or overseas, have you ever been subject to disciplinary action in relation to any such authorisation?

Yes  No

Within the last 10 years, within Australia and/or overseas, have you ever been the subject of any investigations or proceedings that are current or pending and which may result in disciplinary action being taken in relation to any such authorisation?

Yes  No

Within the last 10 years, within Australia and/or overseas, have you ever been engaged in the management of any companies/businesses that have had a Corporations Act 2001 (or corresponding laws) licence cancelled?

Yes  No

#### PROFESSIONAL MEMBERSHIPS, ACCREDITATION AND INDEMNITY INSURANCE:

Within the last 10 years, within Australia and/or overseas, have you ever been reprimanded, or disqualified or removed, by a professional or regulatory body or external dispute resolution scheme in relation to matters relating to your honesty, integrity or business conduct?

Yes  No

Within the last 10 years, within Australia and/or overseas, have you ever had any past, present or pending claim made against a Professional Indemnity Insurance Policy in relation to broking activities you have undertaken?

Yes  No

Within the last 10 years, within Australia and/or overseas, have you ever been refused Professional Indemnity Insurance?

Yes  No

Within the last 10 years, within Australia and/or overseas, have you ever had your accreditation or membership denied, cancelled or suspended by a lender, mortgage manager, mortgage insurer, aggregator or franchise group other than for volume reasons, or is any similar action pending against you?

Yes  No

#### NAMES:

Within the last 10 years, within Australia and/or overseas, have you ever carried on business under any name other than the name or names shown in this application?

Yes  No

Within the last 10 years, within Australia and/or overseas, have you ever been known by any name other than the name or names shown in this application?

Yes  No

#### COMPLAINTS:

Are you aware of any complaints against you that may lead to a potential claim against your existing Professional Indemnity Insurance Policy?

Yes  No

**If yes**, please provide details (via a separate attachment) of the number of complaints, the nature of the complaints and the potential value claim against your Professional Indemnity Insurance Policy.

Within the last 10 years how many complaints have you had lodged against yourself, partners, principals, directors, loan consultants or employees associated with your business activities or representative's conduct?

Total Number of complaints:

Within the last 10 years how many complaints have you had lodged against yourself, partners, principals, directors, loan consultants or employees associated with your business activities or representative's conduct that have been resolved with the involvement of the External Dispute Resolution Scheme (EDRS) that you are a member of?

Total Number of complaints:

#### OFFENCES

Within the last 10 years, within Australia and/or overseas, have you ever been the subject of administrative, civil or criminal proceedings or enforcement action, which were determined adversely to you (including by you consenting to an order or direction, or giving an undertaking not to engage in unlawful or improper conduct) in any country?

Yes  No

#### SOLVENCY:

Within the last 10 years, within Australia and/or overseas, have you ever been declared bankrupt or insolvent under administration, or is there any such action pending?

Yes  No

Within the last 10 years, within Australia and/or overseas, have you ever been engaged in the management of any companies/businesses that have had an external administrator appointed, or which have entered into a compromise, or scheme of arrangement, with its creditors?

Yes  No

Within the last 10 years, within Australia and/or overseas, have you ever been engaged in the management of any companies/businesses that were declared insolvent?

Yes  No

Within the last 10 years, within Australia and/or overseas, have you ever been engaged in the management of any companies/businesses that were declared the equivalent of insolvent under the law of an external territory or country other than Australia?

Yes  No

**ADDITIONAL ATTACHMENTS:**

If you have answered **yes to any question**, please attach an explanation of each matter.

***In addition, please provide the following:***

If the matter involves a judgement in administrative, civil or criminal proceedings;

- the copy of the judgment and if it has been satisfied;

For a declaration of bankruptcy or insolvency:

- date of the declaration and district in which it was made;
- bankruptcy number.

For a deed of arrangement, assignment or where creditors have accepted a composition under Part X of the Bankruptcy Act 1966:

- date of the deed of arrangement, assignment or the special resolution accepting composition and the district in which it was made
- name and address of the trustee of the deed of arrangement, assignment or of the composition
- identifying number used in relation to the deed of arrangement or assignment or the composition in the office of the Registrar in Bankruptcy.

## OUR PRIVACY POLICY:

### PERSONAL INFORMATION:

Professional Lender's Association Network of Australia Pty Ltd (we or us) is committed to safeguarding your personal privacy in accordance with the Privacy Act 1988 (Cth) (the Privacy Act) and the National Privacy Principles issued under the Privacy Act.

We want you to be aware of how and why we collect personal information and the purposes for which we collect personal information.

If you are the individual who is, or the director, partner or proprietor of:

- one of our members, we obtain most of the information directly from you through the application (the Membership Application) the member submitted and information supporting the Membership Application;
- a loan consultant of one of our members, we obtain most of the information directly from you through your application for accreditation (Accreditation Application) to present loan applications to our panel lenders on the member's behalf and information supporting the Accreditation Application;
- a referrer for one of our members or its loan consultants, we obtain most of the information directly from you through the referrer notification (Referrer Notification) the member used to notify us of its arrangement with the referrer; or
- a third party (Third Party), with whom one of our members shares commissions, we obtain most of the information directly from you through the third party notification (Third Party Notification), the member used to notify us of its arrangement with the third party.

Also:

- we may obtain information from other sources referred to in the Membership Application, if we consider it necessary;
- if you are the director, partner or proprietor of a loan consultant or referrer or Third Party, we may collect information about you from our member on whose behalf the loan consultant or referrer conducts business or refers clients or with whom the Third Party shares commissions; and
- we may ask for other information from you from time to time to enable us to improve our services or to review the general needs of our members and potential members.

If you choose not to provide the information we request, we may not be able to consider a Membership Application, an Accreditation Application, a Referrer Notification or a Third Party Notification (as the case may be) or to provide other services to you or to our member.

Generally, we tell you why we are collecting information when we collect it and how we plan to use that information. In some cases, those things will be obvious from the way we collect the information.

We maintain a database of our members, their loan consultants, their referrers and their Third Parties, to, amongst other things, track and make payments of commissions and other amounts to them. We may use your personal information for other purposes including managing our relationship with the member; managing our relationships with our panel lenders; to investigate and deal with suspected or actual unlawful activity; to assist in improving industry standards relating to engaging in credit activities; and to assist with recovering amounts owing to us.

We may disclose information on our database to our panel lenders; our legal and financial advisors; industry bodies of which we are a member; Mortgage Insurers; and to our related parties for purposes related to any of the above purposes. Also, we may use or disclose your personal information in any manner permitted by the Privacy Act.

From time to time, we may request information about members and their loan consultants from our panel lenders relating to loan application conversion ratios, use of online services and loan application submission quality.

### CLIENT AND ADMINISTRATIVE STAFF INFORMATION

We collect limited personal information about our members' and their loan consultants' clients, in order to track and make commission payments relating to finance facilities made available to those clients.

Sometimes, we collect limited personal information about members' or their loan consultants' administrative staff in order for us to give those staff access to loan lodgement and commission payment information.

### CONTRACTORS

From time to time, we use contractors to assist us to provide services to our members and their loan consultants and in the general conduct of our business. Typically, our contractors are IT Contractors, our external accountants and auditors. These contractors may have access to your personal information.

### PRIVACY ON THE INTERNET

We operate various internet sites. Our privacy policy also applies to personal information we collect from the internet.

### COOKIES

If you disclose information through our websites, you may receive cookies, which are data that a website transfers to a user's hard drive for record-keeping purposes. Cookies can facilitate a user's ongoing access to and use of a website. The cookies allow us to track website usage patterns and to compile data that can help us improve our web content.

If you do not want us to collect information by use of cookies, there is a simple procedure available in most browsers that allows you to deny cookies. However, please note cookies may be necessary for us to provide some web-based features; like services for which a person must register.

### HOW DO WE STORE PERSONAL INFORMATION?

We hold personal information in a combination of secure computer storage facilities, paper-based files and other records. We take steps to protect the personal information we hold from misuse, loss, unauthorised access, modification or disclosure. If the law does not require us to retain personal information, we destroy personal information if we no longer require the information for any of the purposes for which we collected the information or any related purpose.

### ACCESSING PERSONAL INFORMATION HELD

You can request us for access to the personal information we hold about you and to correct any information you consider is inaccurate. We will give you access to that information other than to the extent we are permitted not to do so under the National Privacy Principles.

Our members or their loan consultants may hold more client personal information than we hold. So, if a member's client asks us for access to the personal information we hold about the client, we may refer the client to the member or to the relevant loan consultant. If at any time you want to know what information we hold about you, please contact us on (03) 8616 1000 and ask for our privacy officer.

We will acknowledge your request within 14 days and respond promptly. We may make a reasonable charge to cover the cost of verifying, locating, retrieving and copying the information you request. If you are seeking a lot of information, we will tell you the likely charge in advance and help you to refine your request.

### FURTHER CHANGES

We are committed to being a quality leading provider of services to finance brokers. So, our business will develop as we introduce new services and features. We may review our privacy policy from time to time to take account of new laws and technology; changes to our operations and practices; and to make sure our privacy policy remains appropriate. Our most current privacy policy governs the personal information we hold.

### WHEN WE WILL CONTACT YOU

We may contact you by e-mail, by phone or at the address, which you provide to us, in order to:

- give you information about services we provide or which are provided due to our relationship with third parties;
- give you information that you requested or that we consider may be useful for your business;
- to send you our newsletters; and
- enable us to supply services to you.

If you do not wish to receive correspondence from us, you may remove your name from our mailing list by emailing us at [privacyofficer@advantagedge.com.au](mailto:privacyofficer@advantagedge.com.au).

### YOUR CLIENT'S INFORMATION

To enable us to supply services to you, we require certain information regarding your clients. We will only request information we need to provide our services and if required by any of our panel lenders.

We will not use your client's information for any general marketing purpose, without your express permission.

### CONTACTING US AND COMPLAINTS

To exercise your rights of access to personal information we hold about you or for more information on how we handle personal information or to make a complaint about a breach of privacy, please contact us on (03) 8616 1000 and ask for our privacy officer or via email to [privacyofficer@advantagedge.com.au](mailto:privacyofficer@advantagedge.com.au).

If you do not agree with the way we handle a complaint, you may refer your complaint for review by the Privacy Commissioner. The Privacy Commissioner may be contacted on 1300 363 992.

## CONSENTS AND AUTHORISATIONS:

### PRIVACY CONSENT:

#### NATURE OF THE PROBITY AND AUTHORISATION CONSENT

This probity authorisation and Privacy Act 1986 consent (**Consent**) relates to your application as a member of an Aggregator and (if applicable) to be a credit representative of the Licensee (**Application**). Please read the Consent carefully. When you sign the Application, you agree to the terms of the Consent.

The Consent relates to the collection, use and disclosure of credit information and other personal information about you. Credit information is information about you in a credit report from a credit reporting agency or information about your credit worthiness, credit standing, credit history or credit capacity. For more information about privacy in general, you can visit the Federal Privacy Commissioner's website [www.privacy.gov.au](http://www.privacy.gov.au)

#### COLLECTION OF INFORMATION

The Aggregator and the Licensee will collect personal information about you from the Application and verify that information, from sources such as the Police, ASIC, your employer, referees, and from other sources identified in this Consent.

The Aggregator collects personal information for purposes including managing a relationship with you; managing relationships with panel lenders; to investigate and deal with suspected or actual unlawful activity; to assist in improving industry standards relating to engaging in credit activities; and to assist with recovering amounts owing to the Aggregator or Licensee; and for any related purposes. Each Aggregator and the Licensee may only use the personal information they collect about you for the purposes set out in this Consent.

#### EXCHANGING INFORMATION WITH OTHER ENTITIES

If you are an Applicant, the Aggregator, the Licensee and its related bodies corporate, each may give to, and obtain from, each other, any credit provider, police, ASIC or other government authority, or named in a credit report obtained from a credit reporting agency, credit information about you to assist the Aggregator or the Licensee to assess the Application or consider whether to appoint the Applicant as a credit representative. This information may include any information in a credit report about you.

#### DISCLOSURE OF INFORMATION

The Aggregator and the Licensee (each a "**Discloser**") may disclose your personal information to:

- overseas organisations, but only for the purposes for which the Discloser may use the information;

- each other and each other's related bodies corporate, but only for the purposes for which the Discloser may use the information;
- its service providers, but only to the extent necessary for them to perform services for the Discloser
- any panel lender with whom the Aggregator deals;
- any industry association of which the Aggregator is a member;
- mortgage insurers;
- its agents, contractors, and external advisers, but only to the extent necessary for them to perform services for the Discloser;
- third parties named in the Application, like an employer or referee, but only for the Discloser to make reasonable enquiries with respect to the Application and any services related to the Application;
- its legal and financial advisers;
- government and other regulatory bodies, but only if the disclosure is required or authorised by law;
- ratings agencies, but only to the extent necessary to allow the ratings agency to rate particular investments;
- payment system operators, but only to the extent necessary to investigate or correct payments made with respect to the Application;
- any credit provider, for the purposes of the Privacy Act 1986, considering acquiring an interest in the Application;
- any party purchasing your business or ours; and
- if you opt in to the Licensee's group professional indemnity insurance, we can provide personal information about you to the insurer

#### ACCESS TO PERSONAL INFORMATION

You may gain access to personal information (including any credit report) held by the Aggregator or the Licensee about you, by contacting them. Their contact details are in the Schedule. If you contact any of them to seek access to your personal information, please ask for the Privacy Officer. Access is subject to some exceptions permitted by law. You will be given reasons, if you are refused access to your personal information.

## CONSENTS AND AUTHORISATIONS:

### OTHER PERSONAL INFORMATION

If you provide information about an individual (like your employer) please make them aware that this Consent also applies to the way in which their personal information may be:

- used to assess the Application or to assess the risks relating to providing the Application; and
- disclosed to others; and
- they may gain access to the personal information the Aggregator or the Licensee, a holds about them in accordance with this Consent.

### WHAT IF THE CONSENT IS NOT SIGNED?

If you do not agree to the terms of this Consent, the Licensee or the Aggregator may not be able to process the Application.

### CONTACTING US AND COMPLAINTS

To exercise your rights of access to personal information we hold about you or for more information on how we handle personal information or to make a complaint about a breach of privacy, please contact us on phone 03 8616 1600 and ask for the Privacy Officer or by sending us an email to: [privacyofficer@advantagedge.com.au](mailto:privacyofficer@advantagedge.com.au).

If you do not agree with the way we handle a complaint, you may refer your complaint for review by the Privacy Commissioner. The Privacy Commissioner may be contacted on 1300 363 992.

### SCHEDULE

In this Consent, the "Licensee" means BLSSA Pty Ltd, their successors and assigns and companies that are part of the same group of companies including:

**BLSSA Pty Ltd** ACN: 117 651 760  
Level 10, 101 Collins Street, Melbourne 3000 Telephone 03 8616 1600

**Advantage Financial Services Pty Ltd** ABN: 36 130 012 930  
Level 10, 101 Collins Street, Melbourne 3000 Telephone 03 8616 1600

**Advantage Financial Solutions Pty Ltd** ABN: 64 117 551 292  
Level 10, 101 Collins Street, Melbourne 3000 Telephone 03 8616 1600

In this Consent the "Aggregator" means :

**Professional Lender's Association Network of Australia Pty Ltd** ACN: 086 490 833  
Level 10, 101 Collins Street, Melbourne 3000 Telephone 03 8616 1600

## CONSENT, DECLARATION, WARRANTIES AND ACKNOWLEDGMENT:

Full name of Applicant:

I/We declare that:

- (a) the information and declarations made in this Application are true and correct;
- (b) I/we am/are over the age of 18;

I/We authorise the Licensee and the Aggregator to:

- (a) verify the information contained in this application;
- (b) arrange all searches (including police searches) necessary to complete this application;
- (c) collect personal information in accordance with the Consent and the Privacy Policy.
- (d) authorised payment to the bank account set out in this application.

I/We acknowledge and warrant that:

- (a) this application is not an approval of the application and approval is subject to the Licensee's and Aggregator's requirements;
- (b) it will, and ensure its loan writers will, undertake a PLAN Australia panel lender's accreditation training, as required, prior to presenting any loan applications to that lender;
- (c) warrants that, each loan application it submits to a panel lender on behalf of a client will be accurate and not misleading;
- (d) unless it has conducted an interview with a client in person and sighted original documents supporting the application, agrees to disclose to the PLAN Australia panel lender the circumstances of the interview, including where, when and by whom the interview was conducted;
- (e) undertakes to comply with the laws regulating credit activities at all times;
- (f) undertakes to comply with the Privacy Act at all times with respect to all personal information it collects and holds about a client;
- (g) to the maximum extent permitted by law, agrees to indemnify PLAN Australia from and against all and any liabilities, losses, claims, demands, damages, costs and expenses suffered or incurred by PLAN Australia by reason of, and agrees to release PLAN Australia from any liabilities or claims relating to the relationship between the Member and the Loan Consultant, including (without limitation) any liability with respect to the Member or the Loan Consultant breaching any laws in the course of that relationship or relating to the Member taking, or omitting to taken any other action in respect of the Loan Consultant;
- (h) acknowledges that PLAN Australia has no contractual or other duty or obligation to it or to pay commissions or any other amount to it;
- (i) acknowledges that if the Member directs PLAN Australia to pay any commissions to the Loan Consultant rather than to the Member:
  - (i) the Member does so at its sole discretion;
  - (ii) PLAN Australia will pay commissions to the Loan Consultant at the Member's direction on the condition that the Loan Consultant, to the maximum extent permitted by the law, releases PLAN Australia from any liabilities, and indemnifies PLAN Australia against any claims, arising out of PLAN Australia failing to pay commissions at the Member's direction to the Loan Consultant;
  - (iii) on PLAN Australia's demand on the Loan Consultant following a lender clawing back commissions paid by the lender to PLAN Australia with respect to a loan on which the Third Party was paid a share of commissions, the Loan Consultant agrees to repay the sum demanded, not exceeding the share of commissions the Loan Consultant was paid with respect to the loan or any amount of the clawed back commission PLAN Australia cannot recover from the Member
  - (iv) undertakes to notify PLAN Australia and the Member of any change in its registration under the GST law
- (j) acknowledges that PLAN Australia may publish its sales results in Sales Award Campaigns, provided that the results are reported by performance band and will not identify the Loan Consultant individually;
- (k) acknowledges that if it breaches these undertakings, PLAN Australia may terminate its accreditation and/or the Member's accreditation and/or the Loan Consultant's accreditations with PLAN Australia panel lenders may be terminated;
- (l) that if the answers I/we provided and statements I/we make are untrue or incorrect this may result in my application not being considered.

**SIGNATURE/S:** This statement must be signed by **each** Director / Partner / Trustee / Proprietor of the Applicant:

Full name:	
<input type="text"/>	
Roll/Position held:	
<input type="text"/>	
Signature:	Date signed:
<input type="text"/>	<input type="text"/>

Full name:	
<input type="text"/>	
Roll/Position held:	
<input type="text"/>	
Signature:	Date signed:
<input type="text"/>	<input type="text"/>

Full name:	
<input type="text"/>	
Roll/Position held:	
<input type="text"/>	
Signature:	Date signed:
<input type="text"/>	<input type="text"/>

Full name:	
<input type="text"/>	
Roll/Position held:	
<input type="text"/>	
Signature:	Date signed:
<input type="text"/>	<input type="text"/>

**If there are more than 4 Director's/Partners/Proprietors of the Applicant or there is insufficient space, please attach additional copies of this page executed by the other Director's /Partners/ Proprietors.**