

The individual seeking accreditation must complete all appropriate fields

If it is a broker accreditation application and your aggregator is accredited with us please forward this form to your aggregator representative (if applicable).

Please forward the fully completed form and supporting documents to accreditations@wellnigh.com.au, PO Box 1962 North Sydney NSW 2059 or fax 02 8116 1098

Type of Application

Referrer

Broker

Aggregator

BUSINESS DETAILS

Company Name (if applicable)	<input type="text"/>															
Trading Name (if applicable)	<input type="text"/>															
ACN (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>					
ABN	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>		
ACL Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
ACL Renewal Date	<input type="text"/>															
Principal Place of Business	<input type="text"/>															
Suburb	<input type="text"/>							State	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal Address	<input type="text"/>															
Suburb	<input type="text"/>							State	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>															
Phone	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Fax	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

BACKGROUND INFORMATION (not applicable for a referrer application)

Time in Business	<input type="text"/>	<input type="text"/>	Years	<input type="text"/>	<input type="text"/>	Months
Portfolio Size	<input type="text"/>					
Current Volumes	<input type="text"/>					Per month
Well Nigh Expected Volumes	<input type="text"/>					Per month

PRINCIPAL DETAILS

Full Name															
Home Address															
Suburb							State	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail															

INDIVIDUAL LOAN WRITER DETAILS (not applicable for a referrer application)

Current Aggregator															
Loan Writer under ACL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Loan Writer ACR (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ACL/ACR Renewal Dates															
Full Name															
Home Address															
Suburb							State	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to Business	Director/Owner <input type="checkbox"/>			Employee <input type="checkbox"/>			Contractor <input type="checkbox"/>								
Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail															

SUPPORTING DOCUMENTATION – the following items are required to support your application

	Referrer	ACL	CR
• Copy of your current resume and short business description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Identification Documents (Certified coloured copy of Passport or Birth Certificate and Drivers Licence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Copy of current Professional Indemnity certificate of currency		<input type="checkbox"/>	<input type="checkbox"/>
• Copy of current MFAA / FBAA Membership Certificate		<input type="checkbox"/>	<input type="checkbox"/>
• Copy of AML-CTF Certificate of completion.		<input type="checkbox"/>	<input type="checkbox"/>
• Copy of current COSL/FOSL Membership Certificate			<input type="checkbox"/>
• Copy of recent police report (within the last 6 months)			<input type="checkbox"/>

LOAN WRITERS DECLARATION (not applicable for a referrer application)

Have you,

(a)	had an industry or Business License issued by a Proper Authority either refused, suspended, withdrawn, cancelled or been subject to a banning order, or do you have any of these actions pending or have you surrendered such a licence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b)	been convicted of, or found to have committed, an offence concerning drug trafficking, violence, fraud or dishonesty or an offence for which the maximum penalty is imprisonment for a term exceeding 6 months or do you have a charge pending involving any of these offences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c)	been a Director of a company, or a Partner of a firm that has entered into voluntary liquidation or to which a Receiver, Provisional Liquidator, Liquidator, Scheme Manager, Administrator or an Official Manager has been appointed while you were a Director, or Partner, or within six months after you ceased to be a Director, or Partner, or do you have any such action pending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d)	been dismissed or had any proper authority including any licence withdrawn on ethical or legal grounds, or any such disciplinary proceedings are pending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(e)	had any past, present or pending claim made against your Professional Indemnity Insurance under which you operate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(f)	been refused Professional Indemnity Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(g)	been denied accreditation or had your accreditation terminated by a Lender, Non Bank Lender, Mortgage Manager, Mortgage Insurer, Aggregator, Deposit Bond Provide or an Industry Body such as MFAA & FBAA ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(h)	been known by any other name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(i)	been previously accredited with Well Nigh or an entity related to Well Nigh	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you have answered "yes" to any of these questions, please provide details, in the following section or alternatively attach a separate sheet.

ACKNOWLEDGEMENT

I declare that the information provided or attached as part of this application is true and accurate and can be used by Well Nigh in assessing suitability for accreditation.

I acknowledge that Well Nigh may consider me for accreditation based on the information provided in this application and the supporting documentation supplied.

I acknowledge that approval of my request is subject to completion of the "Introductory Product and Process" training session.

I consent to receive any notice or other communication in writing at the nominated email address and acknowledge that an electronic communication to that address will constitute notice in writing. I also consent to receive information, including marketing material, about Well Nigh's products and services.

Full Name	<input style="width: 100%;" type="text"/>
Signature	<input style="width: 100%;" type="text"/>
Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

AGGREGATOR USE ONLY (only required for a loan writer application where the aggregator is accredited with us)

I advise that to the best of my knowledge the information and documentation provided is true and correct and to the best of my knowledge I am unaware of any information that would preclude the Loan Writer from becoming accredited with Well Nigh.

Aggregator	<input type="text"/>	Full Name	<input type="text"/>
Title	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		