

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	New <input type="checkbox"/>	Change of Aggregator <input type="checkbox"/>
Loan Writer Name	<input style="width: 100%;" type="text"/>	
Business / Trading Name	<input style="width: 100%;" type="text"/>	
Licence Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Or Credit Rep # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Street Address	<input style="width: 100%;" type="text"/>	
Suburb	<input style="width: 80%;" 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 style="width: 100%;" type="text"/>	
Suburb	<input style="width: 80%;" 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 style="width: 100%;" 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"/>	
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"/>	
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"/>	
Aggregator Group	<input style="width: 100%;" type="text"/>	
Previous Aggregator Group (where changing groups)	<input style="width: 100%;" type="text"/>	
MFAA / FBAA Membership	<input style="width: 100%;" type="text"/>	
AML / CTF Student Number	<input style="width: 100%;" type="text"/>	
COSL / FOS Number	<input style="width: 100%;" type="text"/>	

- Please supply a copy of your current Professional Indemnity certificate of currency

AGGREGATOR USE ONLY

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