



**SUBMITTING YOUR APPLICATION**

Please return the completed form along with your Australian Credit Licence Number ASIC confirmation to the Commercial Broker Referral Team by email: [coreferrals@anz.com](mailto:coreferrals@anz.com) or fax to 1300 732 617.

If you have any queries regarding this application, please contact the Commercial Broker Referral Team on 1300 385 269.

**TO BE COMPLETED BY INDIVIDUAL APPLYING FOR ACCREDITATION**

Name

Company Name

ABN/ACN

Australian Credit Licence Number

Address (not PO Box)

Suburb

State

Postcode

Phone Number

Mobile

Fax Number

Date of Birth

Email Address

Previous Employers (Last 10 years)

Primary Business Activity

Other Business Activities

Have you ever been employed by Australia and New Zealand Banking Group Limited and/or its related companies (including subsidiaries)?\*

Yes

No

Have you ever been declared a bankrupt or subject to a Part 10 arrangement?

Yes

No

Have you ever been charged or convicted of an offence of dishonesty, fraud or similar?

Yes

No

Have you ever been a Director or Office holder of an insolvent Company?

Yes

No

I hereby certify/agree that the information provided by me above is true and correct.

\* If I have been previously employed by Australia and New Zealand Banking Group Limited and/or its related companies (including subsidiaries), I acknowledge that my employee records will be accessed for the purposes of assessing this application.

Signed

Dated (DD/MM/YYYY)

**Important Note:** please ensure that your Originator has completed the following section (refer to page 2) before submitting the completed application to the Commercial Broker Referral Team.

# Commercial Broker

## Application for Commercial Referrer with an Originator



### TO BE COMPLETED BY AUTHORISED ORIGINATOR COMPANY REPRESENTATIVE

Approved Originator Company Name

Authorised Originator Company Representative Name

Approved Originator Number

Phone Number

Have you satisfactorily confirmed the identity of the applicant?

Yes  No

Have you completed a reference check on the applicant and did it prove satisfactory?

Yes  No

I,

hereby certify that the information provided by me above is true and correct.

Signed

Dated (DD/MM/YYYY)

Originator Company Representative

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### BANK USE ONLY

H.O. checks

Notes

State Broker Manager Name

Signed

Dated (DD/MM/YYYY)

Subject to Head Office checks

Updated September 2010