



Commercial Broker Application to Transfer Commercial Accreditation

Please complete and return this form to ANZ Commercial Broker by email: broker@anz.com or fax to 1300 554 297.

Transfer Accreditation: Asset Finance Commercial Both

OFFICER DETAILS

Name

Date of Birth

Australian Credit Licence Number
(please provide your ASIC confirmation as supporting evidence along with this application)

Address

Suburb

State

Postcode

Business Trading name (if applicable)

Telephone Number

Facsimile Number

Mobile Number

Email Address

PREVIOUS ACCREDITATION DETAILS

I am accredited with ANZ Mortgage Origination: Yes No

AO/SOB: SAO:

Previous Approved Originator Numbers:

AO/SOB: SAO:

Previous Originator Company

Reason for Leaving

Letter of separation attached Yes No

SUB-APPROVED ORIGINATOR SIGNATURE

I confirm that the above details are true and correct. I understand that ANZ may contact my previous Originator Company, and may decline my transfer request at its discretion.

Signature

Date (DD/MM/YYYY)

Note: any applications submitted under your previous Originator Company cannot be transferred to your new Originator Company.

NEW ACCREDITATION DETAILS - TO BE COMPLETED BY AUTHORISED COMPANY REPRESENTATIVE

Approved Originator AO Number

Approved Originator Company Name

Originator Australian Credit Licence (ACL) Number

Authorised Company Representative Name

Phone Number

- Have you satisfactorily confirmed the identity of the above applicant? Yes No
 - Are you satisfied that the applicant has sufficient commercial expertise & will refer regular business to ANZ? Yes No
 - Have you completed a Reference check on the above applicant? Yes No
 - Did it prove satisfactory? Yes No
 - Have you completed a Police check on the above applicant? Yes No
 - Was the Police check satisfactory? Yes No
 - Will you be authorising this sub-originator to be an Authorised Representative under the Originator's ACL number? Yes No
- If yes, please attach Authorised Representative Form

I, authorised company representative, do hereby agree that the information provided by me above is true and correct. I understand that by signing this form, I am confirming that either the Professional Indemnity Insurance Cover of the Approved Originator Company named above will cover the above nominee, or that the Approved Originator Company named above has confirmed that the nominee has adequate and ongoing Professional Indemnity Insurance Cover.

Signature

Date (DD/MM/YYYY)

BANK USE ONLY

Approved: Yes No

New Approved Originator AO/SAO

Date (DD/MM/YYYY)

Updated April 2011