



APPLICATION FOR ASSOCIATE MEMBERSHIP

Name of Applicant [_____]

ACN if applicable [_____] ABN if applicable [_____]

Business Address [_____
[_____] Postcode [_____]

Postal Address [_____] Postcode [_____]

E-Mail (please print clearly) [_____]

Phone [_____] Fax [_____] Mobile [_____]

MFAA Full Member Yes No Is your main broking activity equipment finance? Yes No

PI Insurance (\$2m+) Yes No Insurer [_____] Expiry Date [___/___/___]

EDR Membership Yes No Organisation [_____]

Australian Credit Licence Yes No Effective Date [___/___/___] ACL no. [_____]

INFORMATION IN SUPPORT OF YOUR APPLICATION:

I am currently a **broker / business writer / employee** (please circle) engaged in equipment finance broking with the CAFBA Full Member named below.

If applicable, proof of **current MFAA membership, PI Insurance Cover (\$2m minimum), EDR membership and Australian Credit Licence** must be submitted with this application.

Please also attach:

- ❖ A signed copy of the CAFBA **Code of Conduct**
- ❖ **Police Record Check** – not more than 12 months old
- ❖ **Credit History Report** – not more than 3 months old
The credit history report can be obtained from Veda Advantage through mycreditfile.com.au

Please ensure this supporting information accompanies your application.

STATEMENT OF PERSONAL INFORMATION:

CAFBA requires additional information to assist in considering your application.

You must disclose whether you have been subject to any of the following events within the past 10 years, and include any current action which may result in any of these events:

- ❖ bankruptcy or insolvency, whether personally or while involved in a business or company which was declared insolvent
- ❖ denial or withdrawal of accreditation by a lender
- ❖ a court judgment or other legal proceedings of a commercial nature which were adversely determined against the person
- ❖ suspension or expulsion from an industry professional body or EDR Scheme
- ❖ refusal of PI insurance, or claims made against your PI insurance policy
- ❖ refusal or cancellation of a licence or any authorisation of a business or professional nature; any kind of disciplinary action connected with the conduct of a business
- ❖ use of a name different to that shown in the application

Your application will not necessarily be refused if any of these events apply. However, we are likely to request more information to enable your application to be determined.

Please provide a brief outline of the nature and circumstances of the event/s:

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I hereby declare that the information provided in this application is complete, true and correct, and I agree to be bound by the Association's Rules and Code of Conduct.

Signature of Applicant

____/____/____

Date

STATEMENT OF FULL MEMBER:

I _____ (please print) am the nominated representative of the full member firm named below, and hereby nominate

_____ (please print) as an Associate Member of the Commercial Asset Finance Brokers Association of Australia Limited, and verify that he/she is a broker / business writer / employee (please circle) engaged in equipment finance broking with this firm.

Full Member Firm _____

Business Address _____

_____ **P/code** _____

Signature of Nominated Representative

____/____/____

Date

This application may be circulated to financiers and CAFBA committee members