



APPLICATION FOR FULL MEMBERSHIP

Name of Applicant [_____]

ACN if applicable [_____] ABN [_____]

Business Address [_____]

[_____] Postcode [_____]

Postal Address [_____] Postcode [_____]

Nominated Representative [_____] Mobile [_____]

E-Mail (please print clearly) [_____]

Website [_____] Phone [_____]

Fax [_____] Year of Establishment [_____] No. of Brokers [_____]

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. [_____]

Associate Membership Applicants: Directors/partners/proprietors - attach list if necessary

[_____] E-Mail [_____]

[_____] E-Mail [_____]

Additional Associate Membership Applicants: Brokers/consultants/employees engaged in equipment finance

broking. Please print clearly and provide email addresses - attach list if necessary

[_____] E-Mail [_____]

[_____] E-Mail [_____]

[_____] E-Mail [_____]

[_____] E-Mail [_____]

Financiers' References: Please provide four (4)

Company [_____] Phone [_____]

Contact [_____] E-mail [_____]

Company [_____] Phone [_____]

Contact [_____] E-mail [_____]

Company [_____] Phone [_____]

Contact [_____] E-mail [_____]

Company [_____] Phone [_____]

Contact [_____] E-mail [_____]



INFORMATION IN SUPPORT OF YOUR APPLICATION:

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 for **each** director/partner/proprietor/nominated representative and associate membership applicant:

- ❖ 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

STATEMENT OF PERSONAL INFORMATION:

CAFBA requires additional information to assist in considering your application.

You are required to disclose whether any director/partner/proprietor/nominated representative or associate member applicant has been subject to any of the following events within the past 10 years.

You must also disclose any current action which may result in one 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 the name of the person/s to whom this disclosure relates with a brief outline of the nature and circumstances of the event/s:

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

<i>Name of Authorised Signatory</i>	<i>Signature</i>	<i>Date</i>

This application may be circulated to financiers and CAFBA committee members