

APPLICATION FOR ACCREDITATION	
Trading Name	
Licence Name	
Aggregator	
Australian Credit Licence No.	
Credit Representative No.	
Accreditation Checklist	
Copy provided of Professional Indemnity Insurance (minimum requirement \$2 million)	Y / N
Does your Professional Indemnity Insurance cover you for Verification of Identity? (if yes please provide evidence)	Y / N
Has a business related licence, registration or membership ever been revoked or denied?	Y / N
Have you ever been convicted in a court of law or have a charge pending?	Y / N
Have you been a director of a company that has gone in to receivership and or liquidation or had a manager appointed while you where a director?	Y / N
Have you ever been refused membership from a statutory, professional or other body?	Y / N
Introducer Details	
First Name	
Middle Name	
Family Name	
Date of birth	
Business Name	
Address	
ABN / ACN	
Email	
Website	
Phone	
Brokerage payment details	
Bank:	BSB:
Account Name:	Account Number:
Declaration	
<p>I/WE accept responsibility for all employees.</p> <p>I/WE acknowledge that any deceptive or misleading information presented to MKM Capital may be a crime. This includes:</p> <ol style="list-style-type: none"> <li>I. Deliberate omission of relevant information.</li> <li>II. Inaccurate or incomplete information.</li> <li>III. Documents amended by introducer.</li> <li>IV. Forgery of any originally accurate information.</li> <li>V. An employee or officer of the introducer showing a lack of due diligence.</li> <li>VI. Failure to make reasonable enquiries as specified under National Consumer Credit Protection Act 2010.</li> </ol> <p>I confirm that the information provided in support of my application for accreditation is true and correct and that I am authorised to make these declarations on the part of the licensed entity. I authorise MKM Capital to make enquiries about my business, its operations and officers to verify information provided in support of my application.</p>	

Signature

Print Name

Date