## **Broker Accreditation**



## **Application Checklist**

*Gene	<b>ral Documents</b> – applicable to ALL types of a	applicants					
	Broker accreditation application form – co	ompleted, signed & dated and atto	ached				
	Certified Australian Driver Licence (front & back) or 100' certified identification documents – for each director and sub-broker						
	Copy of AFP National Police Check Certific	ate – for each director and sub-br	roker				
	Obtained within 90 days from the date this	application is received by VCMM.					
	Copy of MFAA or FBAA certificate – attach	ned					
	Copy of AML/CTF certificate (as proof of to	raining) – attached					
	Copy of Certificate IV or Diploma in Finance	ce and Mortgage Broking— attach	ned				
	Copy of external dispute resolution schem	ne (AFCA certificate) – attached					
	Professional indemnity (PI) insurance – at						
	Current certificate of currency in the legal r	name of the applicant broker or su	ıb-broker.				
	If the policy holder of the PI insurance is co			applicant should be shown in			
	other sections of the certificate of currency,						
	is to be a minimum of \$2,000,000 in any or						
	\$5,000.						
	Broker Agreement – attached						
	Signed by at least two duly authorised dire	ectors under common seal (for mu	ultiple directors/secretaries)	or signed by duly authorised			
	directors with a signature of an independen						
	of all the required documentation.	J	,	,			
	Broker Authorisation and Declaration – Co	ompleted by each person sianina b	broker application				
		, , , , , ,					
*Decla	rations – Each director and sub-broker to co	mplete. Attach duplicate page(s) i	if there is more than 1 direct	tor.			
	I have never had a business-related licence						
	I have never been convicted in a court of la						
	I have never been a director of a company		or liquidation or engaged	in insolvent trading or had a			
	liquidator/external administrator/receiver		4, 1111 1 2 2 2 2				
Please	provide explanation if any of the above is u						
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Compl	eted by: 🗶	(signature)	(Print name) on	[DD/MM/YYYY]			
	,		······································				
Compa	nny Applicants						
	For the underlying entity, obtained within 30 days from the date this application is received by VCMM.						
	Tor the underlying entity, obtained within a	oo aays from the date this applicat	tion is received by veivilvi.				
Trust A	Applicants						
	Executed trust deed – attached						
	Executed trust deed - attached						
	ASIC company extract or Equifay company	credit report for the trustee con	nnany (if annlicable) – atta	ched			
	ASIC company extract or Equifax company	·		ched			
Ц	ASIC company extract or Equifax company For the trustee company, obtained within 3	·		ched			

Please return completed documents and attachments to: compliance@vcmm.com.au









 $\textbf{Application Form} - \textit{Please complete all applicable fields. Print "N/A" if not applicable. \textit{Please print all dates in form of DD/MM/YYYY}. \\$ 

Part A: Broker Det	alls						
Full entity name*:				Website:		١	ears in operation:
Trading name:				Business name:			
ABN*:			☐ Sole trader	☐ Partnership		Company	☐ Trust
Mailing address*:				Postcode:			
Office address*:				Postcode:		☐ Same as abo	ove
Phone:			Fax:			Email*:	
Trust to complete th	e following:						
Type of trustee:	☐ Individual:	Full name o	of trustee:				
	☐ Company:	Entity name	e of trustee:			ABN of trustee:	
(A) Directors*— Plea	se list all directors and the	ir contact deta	ils. To add more	directors, please attaci	h to the back	of this form.	
Name:			Email:			Mobile:	
Name:			Email:			Mobile:	
Name:			Email:			Mobile:	
Name:			Email:			Mobile:	
Name:			Email:			Mobile:	
Other beneficial owr	ers/controllers		Liliali.			WIODIIC.	
(B) Primary Contact							
Name:			Position:			Mobile:	
			WeChat ID:			Mobile.	
Email:							
	e.g. Directors, partners, pr	rincipals, or any		n. To add more contac	ts, please at		of this form.
Name:			Position:			Mobile:	
Email:			WeChat ID:				
Part B: Qualification	<b>ns</b> – Please provide a copy	of current cer	tificate for each i	tem noted below.			
(A) Master broker*							
Name:			Email:			Mobile:	
Is you/your entity ar	Australian Credit Licence	(ACL) holder:	□ Yes □	No If yes, ACL no	o:	Start date:	
Is you/your entity a	Credit Representative (CR)	holder:	□ Yes □	No If yes, CR no:	:	ACL no:	Start date:
Current aggregator:			No. of sub-brok	ers:			
I/We am/are a mem	per of:	□ MFAA	☐ FBAA				
	d the following industry re	lated training:	☐ Certificate	IV in Financial Service	es (Finance /	Mortgage Brokin	g)
'	,	Ü		ey Laundering (AML / 0			
I/We am/are a mem	ber of the following extern	al dispute reso				cial Complaints A	
	a valid professional inden		. ,	□ No		Insurer:	actioney (s.a. es. t)
	rviewed by a VCMM team		☐ Yes ☐		Name of VC	MM team memb	er·
i, iii da	There a by a reminited in		☐ Face-to-face		interview	☐ Phone	Date held:
Part C: Flectronic I	Banking Details* – The b	ank account					
Bank name:	driking Details The b	ank account	joi commission	Account name:			
BSB:				Account no:			
(A) Primary Contact	for Commission*			Account no.			
	UI CUITITIISSIUTI			Danitian			
Name:				Position:			
Direct contact no:				Email:			
Part D: Broker Aut	norisation and Declarati	on*					
By signing this appli	cation form I/we agree th	at Vast Capital	Mortgage Mana	gement ABN 56 630 3	388 635 ("V	CMM") and its re	lated bodies corporate (the
					,	,	(, ,
"Parties") may exchange with each other any information about us:  • any information provided by us in the accreditation pack;							
<ul> <li>any other personal information we provide to any of them or which they otherwise lawfully obtain about us.</li> </ul>							
If any of the Parties engages anyone (a "Service Provider") to do something on its behalf, then I/we agree that the Parties and the Service Provider may exchange							
If any of the Darties of							rvica Providar may aychanga
	ngages anyone (a "Service	Provider") to d					rvice Provider may exchange
with each other any	ngages anyone (a "Service information provided abov	Provider") to d /e.	o something on it				rvice Provider may exchange
with each other any I/We agree that VCN	ngages anyone (a "Service information provided abov IM may give any informati	Provider") to d /e. on referred to	o something on it	s behalf, then I/we agr	ree that the F		rvice Provider may exchange
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## **VAST CAPITAL MORTGAGE MANAGEMENT**



Sub-Broker Application From – Each sub-broker to complete. To add more sub-brokers, please print additional cop(ies) of this page and attach them. Subbrokers in this context refer to authorised credit representatives (CR) of Australian Credit Licensees(ACLs) that are already accredited with Vast Capital.

Part A: Parent Bro	ker Information*					
Parent broker tradin	ig name:		Parent broker AB	BN:		
	eparate legal entity? $\square$ Yes ( <i>Contin</i>	ue to Part B)	$\square$ No, the sub-brok	ker is a staff of the pare	nt broker ( <i>directly go to Part B (B)</i> )	
Part B: Sub-Broker	Details					
Full entity name:			Website:			
Trading name:			Business name:			
ABN:		☐ Sole trade		☐ Partnership	☐ Company	
Mailing address:			Postcode:	_		
Office address:			Postcode:		me as above	
Phone:		Fax:		Email		
(A) Directors – Pleas	e list all directors and their contact detai		lirectors, please att			
Name:		Email:		Mobi		
Name:		Email:		Mobi		
Name:		Email:		Mobi	le:	
Name:		Email:		Mobi		
Name:		Email:		Mobi	le:	
Other beneficial own						
(B) Primary Contact	*					
Name:		Position:		Mobi	le:	
Email:		WeChat ID:				
(C) Other Contacts —	e.g. Directors, partners, principals, or an	y other key perso	on. To add more co	ntacts, please attach to	the back of this form.	
Name:		Position:		Mobi	le:	
Email:		WeChat ID:				
Part C: Qualification (A) Sub-broker	ons* – Please provide a copy of current c	ertificate for eac	h item noted below	<i>'</i> .		
Name:		Email:		Mobi	le:	
	Credit Representative (CR) holder:		No If yes, CR r			
Current aggregator:	oreart nepresentative (on, notaer)		, 60, 6	7.02.110	Start date.	
I/We am/are a mem	ber of:	☐ FBAA				
	ed the following industry related training:		e IV in Financial Se	rvices (Finance / Mortga	age Broking)	
,	, ,			1L / Counter Terrorism I		
I/We am/are a mem	ber of the following external dispute res				Complaints Authority (AFCA)	
	g a valid professional indemnity (PI) insu		Yes ☐ No	Insurer:	. , ,	
	rviewed by a VCMM team member:		No	Name of VCMM tean	n member:	
	•	☐ Face-to-fa	ce interview $\ \square$	Video interview	Phone Date held:	
Part D: Sub-Broker	r Authorisation and Declaration*					
	cation form I/we agree that Vast Capita		agement ABN 56 6	530 388 635 ("VCMM")	and its related bodies corporate (the	
	vided by us in the accreditation pack;	out us.				
any other personal in	nformation we provide to any of them o	r which they othe	erwise lawfully obta	ain about us.		
	engages anyone (a "Service Provider") to information provided above.	do something on	its behalf then I/we	e agree that the Parties	and the Service Provider may exchange	
	•	ahove to:				
I/We agree that VCMM may give any information referred to above to:  credit reporting agencies for the purposes of obtaining a commercial credit report about us; and to						
	he Parties and the Service Providers whe			110		
		•	•			
accreditation and for to any of the possib	information referred to above can be un r planning and research purposes. I/We unle le exchanges or uses detailed above, my rting documents provided to VCMM are	understand that i	f I/we fail to provid on may not be app	le any of the informatio roved by VCMM. I/We	n requested by VCMM or do not agree confirm that all the above details and	
	the responsibilities for all employees a e warrant that I/we will comply with all I		I/We acknowledge	e that I/we will comply	with the terms of the VCMM Broker	
Full Print Name:			Position:			
Master Broker	•					
Signature:	*		Date:		[DD/MM/YYYY]	
Sub-Broker	v		Sub-Broker			
Signature:	×		Name:			





