



Broker Accreditation

Application Checklist

*General Documents – applicable to ALL types of applicants

- Broker accreditation application form** – completed, signed & dated and attached
- Certified Australian Driver Licence (front & back) or 100' certified identification documents** – for each director and sub-broker
- Copy of AFP National Police Check Certificate** – for each director and sub-broker
Obtained within 90 days from the date this application is received by VCMM.
- Copy of MFAA or FBAA certificate** – attached
- Copy of AML/CTF certificate (as proof of training)** – attached
- Copy of Certificate IV or Diploma in Finance and Mortgage Broking** – attached
- Copy of external dispute resolution scheme (AFCA certificate)** – attached
- Professional indemnity (PI) insurance** – attached
Current certificate of currency in the legal name of the applicant broker or sub-broker.
If the policy holder of the PI insurance is company, the name of each credit licensee or representative applicant should be shown in other sections of the certificate of currency, indicating they are being covered under the company's PI provided. The total sum insured is to be a minimum of \$2,000,000 in any one claim and \$4,000,000 in the aggregate and have an excess per claim of no greater than \$5,000.
- Broker Agreement** – attached
Signed by at least two duly authorised directors under common seal (for multiple directors/secretaries) or signed by duly authorised directors with a signature of an independent witness (for sole trader or sole director). This is to be issued by VCMM upon the receipt of all the required documentation.
- Broker Authorisation and Declaration** – Completed by each person signing broker application

*Declarations – Each director and sub-broker to complete. Attach duplicate page(s) if there is more than 1 director.

- I have never had a business-related licence, registration or membership revoked or denied.
- I have never been convicted in a court of law or have a charge pending.
- I have never been a director of a company that has gone into receivership or liquidation or engaged in insolvent trading or had a liquidator/external administrator/receiver appointed while I was a director.

Please provide explanation if any of the above is unticked:

Completed by: (signature) _____ (Print name) on _____ [DD/MM/YYYY]

Company Applicants

- ASIC company extract or Equifax company credit report** – attached
For the underlying entity, obtained within 30 days from the date this application is received by VCMM.

Trust Applicants

- Executed trust deed** – attached
- ASIC company extract or Equifax company credit report for the trustee company (if applicable)** – attached
For the trustee company, obtained within 30 days from the date this application is received by VCMM.

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



Application Form – Please complete all applicable fields. Print “N/A” if not applicable. Please print all dates in form of DD/MM/YYYY.

Part A: Broker Details

Full entity name*: Trading name: ABN*: Mailing address*: Office address*: Phone:	<input type="checkbox"/> Sole trader <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Trust	Website: Business name: Postcode: Postcode: Fax:	Years in operation: <input type="checkbox"/> Same as above Email*:
<i>Trust to complete the following:</i>			
Type of trustee: <input type="checkbox"/> Individual: <input type="checkbox"/> Company:	Full name of trustee: Entity name of trustee:	ABN of trustee:	

(A) Directors* – Please list all directors and their contact details. To add more directors, please attach to the back of this form.

Name:	Email:	Mobile:
Name:	Email:	Mobile:
Name:	Email:	Mobile:
Name:	Email:	Mobile:
Name:	Email:	Mobile:
Other beneficial owners/controllers:		

(B) Primary Contact*

Name:	Position:	Mobile:
Email:	WeChat ID:	

(C) Other Contacts – e.g. Directors, partners, principals, or any other key person. To add more contacts, please attach to the back of this form.

Name:	Position:	Mobile:
Email:	WeChat ID:	

Part B: Qualifications – Please provide a copy of current certificate for each item noted below.

(A) Master broker*

Name:	Email:	Mobile:	
Is you/your entity an Australian Credit Licence (ACL) holder:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, ACL no:	Start date:
Is you/your entity a Credit Representative (CR) holder:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, CR no:	ACL no: Start date:
Current aggregator:	No. of sub-brokers:		
I/We am/are a member of: <input type="checkbox"/> MFAA <input type="checkbox"/> FBAA			
I/We have completed the following industry related training:	<input type="checkbox"/> Certificate IV in Financial Services (Finance / Mortgage Broking) <input type="checkbox"/> Anti-Money Laundering (AML / Counter Terrorism Financing (CTF))		
I/We am/are a member of the following external dispute resolution (EDR) scheme:	<input type="checkbox"/> Australian Financial Complaints Authority (AFCA)		
I/We am/are holding a valid professional indemnity (PI) insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurer:	
I/We have been interviewed by a VCMM team member:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of VCMM team member:	
	<input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Video interview <input type="checkbox"/> Phone	Date held:	

Part C: Electronic Banking Details* – The bank account for commission payments.

Bank name:	Account name:
BSB:	Account no:

(A) Primary Contact for Commission*

Name:	Position:
Direct contact no:	Email:

Part D: Broker Authorisation and Declaration*

By signing this application form I/we agree that Vast Capital Mortgage Management ABN 56 630 388 635 (“VCMM”) and its related bodies corporate (the “Parties”) may exchange with each other any information about us:

- any information provided by us in the accreditation pack;
- any other personal information we provide to any of them or which they otherwise lawfully obtain about us.

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 with each other any information provided above.

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
- entities other than the Parties and the Service Providers where it is required or allowed by law.

I/We agree that any information referred to above can be used by the Parties and any Service Provider for the purposes of deciding whether to grant me/us accreditation and for planning and research purposes. I/We understand that if I/we fail to provide any of the information requested by VCMM or do not agree to any of the possible exchanges or uses detailed above, my/our accreditation may not be approved by VCMM. I/We confirm that all the above details and accreditation supporting documents provided to VCMM are true and correct and that I am authorised to make these declarations on the part of the licensed entity. I/We accept the responsibilities for all employees and sub-brokers. I/We acknowledge that I/we will comply with the terms of the VCMM Broker Agreement, and I/we warrant that I/we will comply with all laws. I/We agree that I/We will notify VCMM immediately if the bank details cease to be correct and VCMM is not liable for any loss incurred should the above bank details provided is incorrect or changed.

Signed by and on behalf of the Broker seeking accreditation.

Full Print Name: **Position:**

Signature: **Date:** [DD/MM/YYYY]



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

Part A: Parent Broker Information*

Parent broker trading name:	Parent broker ABN:
Is the sub-broker a separate legal entity? <input type="checkbox"/> Yes (Continue to Part B) <input type="checkbox"/> No, the sub-broker is a staff of the parent broker (directly go to Part B (B))	

Part B: Sub-Broker Details

Full entity name:	Website:
Trading name:	Business name:
ABN: <input type="checkbox"/> Sole trader	<input type="checkbox"/> Partnership <input type="checkbox"/> Company
Mailing address:	Postcode: <input type="checkbox"/> Same as above
Office address:	Postcode:
Phone:	Fax: Email:

(A) Directors – Please list all directors and their contact details. To add more directors, please attach to the back of this form.

Name:	Email:	Mobile:
Name:	Email:	Mobile:
Name:	Email:	Mobile:
Name:	Email:	Mobile:
Name:	Email:	Mobile:
Other beneficial owners/controllers:		

(B) Primary Contact*

Name:	Position:	Mobile:
Email:	WeChat ID:	

(C) Other Contacts – e.g. Directors, partners, principals, or any other key person. To add more contacts, please attach to the back of this form.

Name:	Position:	Mobile:
Email:	WeChat ID:	

Part C: Qualifications* – Please provide a copy of current certificate for each item noted below.

(A) Sub-broker

Name:	Email:	Mobile:
Is you/your entity a Credit Representative (CR) holder: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, CR no:	ACL no: Start date:
Current aggregator:		
I/We am/are a member of: <input type="checkbox"/> MFAA <input type="checkbox"/> FBAA		
I/We have completed the following industry related training: <input type="checkbox"/> Certificate IV in Financial Services (Finance / Mortgage Broking) <input type="checkbox"/> Anti-Money Laundering (AML / Counter Terrorism Financing (CTF)		
I/We am/are a member of the following external dispute resolution (EDR) scheme: <input type="checkbox"/> Australian Financial Complaints Authority (AFCA)		
I/We am/are holding a valid professional indemnity (PI) insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Insurer:	
I/We have been interviewed by a VCMM team member: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of VCMM team member:	
<input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Video interview <input type="checkbox"/> Phone	Date held:	

Part D: Sub-Broker Authorisation and Declaration*

By signing this application form I/we agree that Vast Capital Mortgage Management ABN 56 630 388 635 (“VCMM”) and its related bodies corporate (the “Parties”) may exchange with each other any information about us:

any information provided by us in the accreditation pack;

any other personal information we provide to any of them or which they otherwise lawfully obtain about us.

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 with each other any information provided above.

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

entities other than the Parties and the Service Providers where it is required or allowed by law.

I/We agree that any information referred to above can be used by the Parties and any Service Provider for the purposes of deciding whether to grant me/us accreditation and for planning and research purposes. I/We understand that if I/we fail to provide any of the information requested by VCMM or do not agree to any of the possible exchanges or uses detailed above, my/our accreditation may not be approved by VCMM. I/We confirm that all the above details and accreditation supporting documents provided to VCMM are true and correct and that I am authorised to make these declarations on the part of the licensed entity. I/We accept the responsibilities for all employees and sub-brokers. I/We acknowledge that I/we will comply with the terms of the VCMM Broker Agreement, and I/we warrant that I/we will comply with all laws.

Full Print Name:	Position:
Master Broker Signature: x	Date: [DD/MM/YYYY]
Sub-Broker Signature: x	Sub-Broker Name: