BiiGGA

# Broker accreditation

Scan for the partners page
biigga.au

Fill this in, sign it, and email it to broker@biigga.au with your documents.

* means required

## Tick what you are sending with this form

- ☐ Driver's licence
- ☐ Industry or aggregator membership certificate
- ☐ Professional indemnity certificate
- ☐ Business logo, for co branded material

## About you

FIRST NAME *

LAST NAME *

MOBILE *

EMAIL *

## Your business

BUSINESS NAME *

TRADING NAME optional

ABN OR ACN *

ACL OR CREDIT REPRESENTATIVE NUMBER if you hold one

REGISTERED FOR GST * for commission invoices

☐ Yes ☐ No

NAME OF TRUST if the business is a trust

TRUSTEE ACN if the business is a trust

BUSINESS ADDRESS *

SUBURB *

STATE *

POSTCODE *

## Your membership

AGGREGATOR *

INDUSTRY ASSOCIATION *

☐ MFAA ☐ FBAA ☐ CAFBA ☐ Other

## Commission payment

☐ Pay my commission to my aggregator

BANK ACCOUNT NAME

BSB

ACCOUNT NUMBER

## Declaration

**Tick every box. By signing this form I declare the following.**

- ☐ The information in this application is true, correct and complete, and I can accept these terms for my business.
- ☐ I accept the BiiGGA Broker Partner Terms, the Commission Payment Schedule, the Privacy Policy and the Terms of Use.
- ☐ I agree to BiiGGA verifying my identity and running credit checks on my business and its principals.
- ☐ I will tell BiiGGA within five business days if my membership, my insurance, or anything declared here changes.
- ☐ Neither my business, nor anyone who works in it, has been convicted of a criminal offence other than a minor or traffic matter, declared bankrupt or placed in external administration, found liable for fraud or dishonesty, investigated by a regulator or by AUSTRAC, subject to disciplinary action by a regulator or an industry association, or in default on an ATO payment plan or a tax debt secured against assets.

IF YOU CANNOT TICK EVERY BOX, TELL US WHY

SIGN HERE *

PRINT FULL NAME *

DATE *