

Completing This Form

This form must be completed and submitted with all relevant supporting documents to: info@allottcapital.com.au

Accreditation application includes broker accreditation by Allott Capital Pty Ltd of ACN 646 380 681

Accreditation



Business Details

ABN Registered Address			
ears in Operation	City/Suburb State	Post Code	
aggregator			
Other Products Offered:	onal Loans Asset Finance Financia	ıl Planning	

Broker Details

Address		
City/Suburb Sta	te Post Code	
Mobile Number	Email Address	
Date of Birth	Portfolio Size	



Broker Checklist	Copy of CV				
	Copy of PI Insurance				
CIIC CINII SC	Copy of Industry Body Membership				
	Evidence AML/CTF Training completed and is recognised by an industry body				
	Copy of Driver's License and Passport				
	Copy of Current ACL				
Attestation	YES NO Have you ever been refused PI cover?				
	YES NO Has a business license, registration or membership of yours ever been revoked or denied?				
	YES NO Have you ever been convicted in a court of law or have a charge pending?				
	YES NO Have you been a director of a company that has gone into receivership and/or liquidation?				
	YES NO Have you ever been bankrupt or are you presently an undischarged bankrupt, subject to a Personal Insolvency Agreement, Deed of Arrangement, entered into a compromise or similar agreement, or have such action pending?				
	If you answered YES to any of the above, please provide a detailed summary below:				
•					
	Bank Name Account Name				
Commission Paymont	ASSOCIATION ASSOCI				
Payment Details	BSB Account Number				
	Account Number				
F	By signing this form, you declare that;				
Execution	- All information provided is complete, true and correct;				
Sur	 All morniation provided is complete, true and correct, All documents provided have been checked thoroughly and meet the requirements by Allott Capita Pty Ltd and/or it's related entities. 				
	Signature of Broker				
	Full Name Signature Date Signed				