

Please complete all fields.

Full company name <i>(please include T/AS, Sole trader name if applicable)</i>		
ABN:		ACN:
Registered business address <i>(please add trading address if applicable):</i>		
Director name:	Email:	Mobile:
Director name:	Email:	Mobile:
Director name:	Email:	Mobile:
Director name:	Email:	Mobile:
Other beneficial owners / controllers:		
GST registered: Yes <input type="checkbox"/> No <input type="checkbox"/>		Aggregator: _____ Time under same aggregator: _____
Primary contact name:		Primary contact position:
Primary contact number:		Primary contact email:
How did you become aware of BrightQ:		If referred by colleague, acquaintance, friend, please list name and contact details:
Is your company an Australian Credit Licence Holder (ACL): Yes <input type="checkbox"/> No <input type="checkbox"/> ACL number: _____		Is your company a credit representative (ACR): Yes <input type="checkbox"/> No <input type="checkbox"/> ACL number: _____ CR number: _____
Expected monthly application and settlement volumes and types of products you would use BrightQ for:		
Please list your top three lenders from the last 12 months:		
Face to face meeting held with: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(please provide name of BrightQ staff member and date of meeting)</i>		
BrightQ Staff Member's Name: _____		Date: _____
Directors' driver licence copies certified by a BrightQ staff member <i>(originals sighted)</i> :		Yes <input type="checkbox"/> No <input type="checkbox"/>
Directors' passport copies certified by a BrightQ staff member <i>(originals sighted)</i> :		Yes <input type="checkbox"/> No <input type="checkbox"/>
Please list any individuals other than directors to be accredited under the BrightQ program:		
Name:	Email:	Mobile:
Name:	Email:	Mobile:
Name:	Email:	Mobile:
Name:	Email:	Mobile:
Name:	Email:	Mobile:

Name of business:

Corporate application checklist

Identification for each director:

Copies of Directors' passport AND driver's licence

Certified by a BrightQ staff member (*originals sighted*)

Resume or qualifications for each director

MFAA or FBAA membership OR Police check less than 90 days old for each director who is not a member of the MFAA or FBAA

Signed BrightQ Privacy consent for each director (*Brighten Financial will complete credit checks*)

External Dispute Resolution membership, including schedule of representatives

Certificate of currency for PI insurance (*including evidence of run off period*)

Bank details for commission payments

BSB:

Account Number:

Account Name:

If your company is an authorised credit representative: Email from ACL Provider confirming authorisation to seek accreditation with Brighten Financial Pty Ltd.

Authorised signatory / signatories, please sign here:

Authorised signatory / signatories, please sign here:

Years in operation:

Dated:

Years in operation:

Dated:

Authorised signatory / signatories, please sign here:

Authorised signatory / signatories, please sign here:

Years in operation:

Dated:

Years in operation:

Dated:

Authorised signatory / signatories, please sign here:

Years in operation:

Dated:

Email to accreditation@brighten.com.au for us to arrange a phone interview, prior to sending the broker agreement and online checklist for completion.