



**GREAT
PACIFIC**

GREAT PACIFIC FINANCE PTY LTD
A MEMBER OF GREAT PACIFIC FINANCIAL GROUP
ABN 53 055 107 527

INTRODUCER ACCREDITATION

SYDNEY LEVEL 23 • ANGEL PLACE • 123 PITT STREET • SYDNEY NSW 2000 • TEL 02 9202 3000 • FAX 02 9202 3030
MELBOURNE LEVEL 7 SOUTH TOWER • 459 COLLINS STREET • MELBOURNE VIC 3000 • TEL 03 9920 2777 • FAX 03 9920 2799
BRISBANE LEVEL 2 • 29 BLACK STREET • MILTON QLD 4064 • TEL 07 3 109 1555 • FAX 07 3 109 1599

Business or company name

ABN

ACN

Postal Address

Street Address

Tel ()

Fax ()

E-mail

I wish to apply for accreditation to sell the following Great Pacific products *(Please tick the appropriate box):*

Residential

Non-Conforming

Commercial

Have you had past dealings with Great Pacific Finance?

YES NO

If yes, please provide details:

Are you accredited with other mortgage lenders/originators or industry bodies?

YES NO

If so, please provide details of other providers/industry bodies such as MFAA, FBAA COSL

List details of your current professional indemnity insurance *(attach photocopy of insurance certificate)*

Policy issued by

Policy number

Amount of cover

Expiry date of policy

Note evidence of renewal to be provided annually

Details of Principals *(attach separate list if insufficient space)*

Full Names

Position held

Residential address

Full Names

Position held

Residential address

Full Names

Position held

Residential address

Please provide details of lending experience and training courses undertaken, or attach copy of current resume.

Provide details of personnel from your organisation who are authorised to refer mortgage business to Great Pacific Finance Pty Ltd. Include a separate list if insufficient space.

NAME	TITLE	TEL	FAX	EMAIL

Commission: Amount Payable % upfront (plus GST) for each individual loan (conditions apply)

- Payment via Aggregator or
- Pay by cheque or
- Credit funds to Employers / Agents Account. Details:

Name of Financial Institution

Account Name

BSB

Account No

Please indicate by marking if you would require / are interested in the following:

- Visit by BDM to conduct training
- Email updates on product changes and relevant news
- Product Information Kit to be mailed

I / we warrant that the information set out above is true and correct. If signing on behalf of a company or partnership, i/we warrant that I / we have full authority to execute this document on behalf of the introducer.

(Signature)

(Signature)

Name *(please print)*

Name *(please print)*

Title

Title

Date

Date

N.B. In addition to this form, please also provide copies of professional indemnity insurance documents and personal identification for each person to be accredited.