

Broker Accreditation Form

Arch Finance Pty Ltd (ACN 137 960 046)

BROKER INFORMATION

Full name:

Preferred name:

Address:

Phone:

Email:

DOB:

Years of experience:

PI expiry date:

ACL/CR number:

Finance offered:

Residential Commercial Asset Finance

COMPANY DETAILS

Company name:

ABN:

Address:

Aggregator:

Industry membership:

MFAA FBAA CAFBA

SETTLEMENT VOLUME (OPTIONAL)

Lender:	Settlement Volume:	Loan Type:
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

QUALIFICATIONS/INDUSTRY EMPLOYMENT EXPERIENCE (OPTIONAL)

Institution:	Qualification/Occupation:	Year(s):
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

ACKNOWLEDGEMENT AND STATEMENTS:

I confirm that:

- a. The above information is true and correct and that I have verified particulars of the broker.
- b. The broker has provided consent to be contacted in relation to mortgage origination purposes.
- c. Our entity have KYC processes in place.

Full name:	Date:
<input type="text"/>	<input type="text"/>