

Request for Gateway Broker Accreditation



Gateway Bank Ltd
ABN 47 087 650 093
AFSL/Australian Credit Licence 238293

Please direct any enquiries to Gateway via support@gatewaybank.com.au or by phoning 1800 752 575

Broker Accreditation Steps

- Step 1** Complete Section 1 of this form and email the entire form to Connective via accreditations@connective.com.au
- Step 2** Connective will complete Section 2 (to verify your details/eligibility) and on the same day send the form to Gateway
- Step 3** Gateway will email the accreditation instructions to you within 24 hours of receiving the form
- Step 4** Once accreditation is complete, Gateway will issue you with a Broker Identification Number

*Denotes Mandatory Field

SECTION 1

Personal Details*

| | | | | |
|-----------------|----------------------|---------|-----------------------------------|-------------------------------------|
| Full Name* | <input type="text"/> | Office* | <input type="text" value="Area"/> | <input type="text" value="Number"/> |
| Date of Birth* | <input type="text"/> | Mobile* | <input type="text"/> | |
| Postal Address* | <input type="text"/> | Fax* | <input type="text" value="Area"/> | <input type="text" value="Number"/> |
| | | Email* | <input type="text"/> | |

Licensing/Registration Details* Please select from the 3 options and provide details.

1. I am a Credit Representative (CR) of a holder of an Australian Credit Licence (ACL)

| | | | |
|---------------------|----------------------|------------|----------------------|
| ACL Registered Name | <input type="text"/> | ACL Number | <input type="text"/> |
| CR Name | <input type="text"/> | CR Number | <input type="text"/> |

My company has also been appointed as a Credit Representative (CR) of the above ACL holder.

| | | | |
|--------------|----------------------|-------------------|----------------------|
| Company Name | <input type="text"/> | Company CR Number | <input type="text"/> |
|--------------|----------------------|-------------------|----------------------|

2. I have been issued with an ACL

| | | | |
|---------------------|----------------------|------------|----------------------|
| ACL Registered Name | <input type="text"/> | ACL Number | <input type="text"/> |
|---------------------|----------------------|------------|----------------------|

3. I am an employee/director of a holder of an ACL

| | | | |
|---------------------|----------------------|------------|----------------------|
| ACL Registered Name | <input type="text"/> | ACL Number | <input type="text"/> |
|---------------------|----------------------|------------|----------------------|

Broker Business Details*

| | | | |
|-----------------------|-----------------------------------|-------------------------------------|---|
| Business/Company Name | <input type="text"/> | | |
| Phone | <input type="text" value="Area"/> | <input type="text" value="Number"/> | Business/Company address (if different to postal address) |
| Fax | <input type="text" value="Area"/> | <input type="text" value="Number"/> | <input type="text"/> |

Broker Declarations*

- I declare that I have never been bankrupt or made arrangements with creditors under bankruptcy legislation.
- I declare that I am responsible to promptly inform Gateway Bank (Gateway) if there are any changes to my status as a credit licensee or as a Director/Employee or as a credit representative of a credit licensee.
- I acknowledge that the approval of my accreditation is subject to satisfactory completion of Gateway's accreditation process.
- I understand and acknowledge that the law requires applicants to provide true and correct information and state all the names by which they are commonly known. I also understand that the law prohibits the use of false names, as well as the giving, use or production of false or misleading information of documents in connection with an identification procedure.



SECTION 1 (continued)

Broker Declarations* (continued)

5. I consent to receive any notice or other communication relating to my accreditation with Gateway at the email address I nominate in this application (or at another address that I subsequently nominate to Gateway) and agree that an electronic communication to that address will constitute notice in writing for the purposes of this agreement. I also consent to electronically receive information, including updates on loan approvals and marketing information, about Gateway's products and services.
6. I acknowledge that if Gateway terminates my accreditation on the grounds that I am suspected to have acted dishonestly or fraudulently, Gateway may report full details of the reasons for the termination, including copies of relevant documents, "after the fact of termination", to an "Approved Industry Association" and I will not hold Gateway liable for reporting that fact.
7. I declare I have obtained passes for National Consumer Credit Code, Privacy Act and Anti-Money Laundering/Counter Terrorism Financing Act Accreditation from an approved registered training organisation.
8. I declare that I am a member of MFAA/FBAA and have current Professional Indemnity Insurance.
9. I understand that my accreditation with Gateway begins on the day that I receive my Broker Identification Number.
10. I agree to supply Gateway with any information Gateway may request from time to time in order to confirm that I meet accreditation requirements.
11. I agree that Gateway is collecting my personal information in order to assess my application for accreditation and if my application is approved, to administer my appointment.
12. I acknowledge that my personal information may be used and disclosed to third party service providers for these purposes and that without this information; Gateway may not be able to consider or process my application for accreditation.

Print Name*

Date*

Signature*

SECTION 2 (for completion by your aggregator)

Aggregator Declaration*

1. I recommend that Gateway accredit with CA number to act as our nominee in accordance with our Aggregator Engagement arrangements.
2. I confirm that the information provided in section 1 of this application is true and correct.
3. I agree to supply Gateway with any information Gateway may request from time to time in order to confirm that the broker meets accreditation requirements outlined by Gateway.
4. I confirm that the Broker:
 - a. has current Professional Indemnity Insurance;
 - b. is a member of an ASIC approved external dispute resolution scheme;
 - c. has satisfactorily completed Police, Credit and Reference checks, and
 - d. is a current member of MFAA/FBAA.
5. I acknowledge that Connective Funder Services Pty Ltd ABN 40 161 732 645 is responsible:
 - a. for the Brokers conduct, remuneration, currency of licensing status, Professional Indemnity Insurance, external dispute resolution scheme; and
 - b. to promptly inform Gateway if there is any change to the Broker licensing/registration status.

Authorised Officer Name*

Date*

Signature*

Gateway use only

- Aggregator Declaration signed
 ASIC search completed to verify ACL/CR Number
 Email sent to broker and aggregator with Gateway broker number
 Broker data base updated
 BDM F2F Accreditation Pass date initial
 OR
 Online LMS Accreditation Pass

Completed by

Signature

Date

Authorised by

Signature

Date


support@gatewaybank.com.au


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