



# APPLICATION TO CHANGE BUSINESS MEMBERSHIP DETAILS

Complete this form where the membership is in the name of a business, firm, company, corporation or partnership (*please tick which statements below apply*)

AND

there has been a change of ABN and/or ACN

OR

there has been a change of name for the business

## Current Member Details:

Member Name:.....

Member Number: .....

Expiry Date:     /     /

### To make the change, please complete the following steps:

1. Collect evidence to support the application
2. Complete the application form
3. Keep a copy of the application and send the original application form, with attachments to MFAA Membership, Level 9 130 Pitt Street, Sydney NSW 2001

**Note:** All applications are subject to assessment. The MFAA may, in its absolute discretion, refuse to approve an application. Appeals against rejected applications may be made by applicants under the MFAA Disciplinary Rules.

# STEP 1

## Evidence to support your application

Applications that are incomplete or are without appropriate evidence attached **WILL NOT** be accepted and will be returned.

Please ensure you have attached the following:

*(Tick when completed. If an exemption applies or evidence is not applicable, write N/A)*

A copy of the current AFCA (Australian Financial Complaints Authority) membership certificate for the new business entity

*Attach a copy of the AFCA membership certificate. Visit <https://www.afca.org.au> for more information.*

A copy of the Professional Indemnity (PI) Insurance certificate for the new business entity

*Attach a copy of the current PI insurance certificate of currency, showing that the business is covered for not less than \$2 million for any one claim and \$2 million in the aggregate. The policy should also have at least 12 months' 'run-off' cover.*

A copy of the National Criminal History Record Check for each additional director, partner or principal directly engaged in the business who is not currently an MFAA member\*

*Attach a copy of the National Criminal History Record Check, dated no earlier than three months prior to this application.*

A certified copy+ of an Identification Document for each additional director, partner or principal directly engaged in the business who is not currently an MFAA member\*

*Attach a copy of a document showing full name and address, date of birth and an official photographic ID (eg, motor vehicle licence or passport).*

A copy of a Credit Report for each additional director, partner or principal directly engaged in the business who is not currently an MFAA member\*

*Attach a copy of the full document dated no earlier than three months prior to this application. Ensure both Consumer and Commercial Credit Information is included.*

*\*Exemptions apply for*

- *Registered Financial Corporations*
- *Authorised Deposit Taking Institutions (ADIs)*

# STEP 2

## Complete application form

### Business details

ABN: ..... ACN: .....

Business Name: .....

Legal Entity: .....

State of Incorporation: .....

Mailing Address: .....

Suburb: ..... State: ..... P/code: .....

Street Address (leave blank if same as mailing address):  
.....

Suburb: ..... State: ..... P/code: .....

Business phone: ..... Fax: .....

Mobile: .....

Email: .....

Website: .....

Do you want consumers to be able to search for the business on MFAA websites?  Yes  No

# STEP 2 CONT.

## Business details cont.

Please give a brief explanation for the changes made, for example,

- *Change of ACN as the business now operates nationally*
- *Change of business name to reflect change in business operations*

.....

.....

.....

.....

*The National Consumer Credit Protection (NCCP) Act 2009 requires that any person engaging in credit activities must be authorised to act in that capacity.*

Tick  the option applicable to you:

- If you are not yet an Australian Credit License (ACL) holder, or credit representative, but have registered with ASIC, provide your registration number: .....
- If you are an ACL Holder, provide your ACL number: .....
- If you are a Representative (employee or director) of an ACL Holder, provide the ACL number: .....
- If you are appointed as a Credit Representative (CR) of an ACL Holder, provide the ACL number ..... and your CR number: .....
- You are not engaged in consumer credit activities.

# STEP 2 CONT.

## Business contact details

Must be completed and signed by all directors, partners and principals. Copy pages 5 - 7 for each additional person to complete

Last Name: ..... Title: .....

First Name: .....

Position:  Sole director  Director  Partner  Other (please state) .....

Mailing Address: .....

Suburb: ..... State: ..... P/code: .....

Street Address (leave blank if same as mailing address):  
.....

Suburb: ..... State: ..... P/code: .....

Business phone: ..... Fax: .....

Mobile: ..... Date of birth: ...../...../.....

Email: .....

Website: .....

Date entered the mortgage or financial services industry ...../...../.....

### NOMINATED REPRESENTATIVE

*The nominated representative will be the main point of contact in the business and is responsible for signing the annual membership declaration, as well as voting in elections.*

Tick  if this person is the nominated representative.

*One director, partner or principal who is an MFAA Approved Broker may attach his or her self to the business membership at no additional fee.*

Tick  if this person is the MFAA Approved Broker attaching his or her self to this business membership.

### Additional State representation

Where the business operates in more than one State, a representative from each State may be appointed to vote on the business' behalf in MFAA Elections and represent the business in related meetings or proceedings. Provide the following details in a listing attached to this application: Name of representative, mailing address, contact phone numbers, email address and State that the individual will be representing.

# STEP 2 CONT.

## Declaration

Have you:

- |        |   |                              |                             |
|--------|---|------------------------------|-----------------------------|
| (i)    | had an Industry or Business Licence issued by a Proper Authority either refused, suspended, withdrawn, cancelled or been subject to a banning order, or do you have any of these actions pending or have you surrendered such a licence?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (ii)   | had any Commonwealth, State or Territory enforcement agency, including the police, ASIC and the ACCC, that has taken any enforcement action against you alleging that you have been involved, directly or indirectly, in conduct that may be in breach of the law relating to drug trafficking, violence, fraud or dishonesty? If so, please give details and in particular what was the result of those allegations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iii)  | been convicted of, or found to have committed, an offence concerning drug trafficking, violence, fraud or dishonesty or an offence for which the maximum penalty is imprisonment for a term exceeding 6 months or do you have a charge pending involving any of those offences?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iv)   | been subject to any investigation by ASIC or by any other regulatory body as an individual or as an Owner, Director or Partner in relation to any aspect of a business, or are you currently subject of such an investigation?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (v)    | been a Director of a company, or a Partner of a firm, that has entered into voluntary liquidation or to which a Receiver, Provisional Liquidator, Liquidator, Scheme Manager, Administrator or an Official Manager has been appointed while you were a Director, or Partner, or within six months after you ceased to be a Director, or Partner, or do you have any such action pending?                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (vi)   | been bankrupt or are you presently an un-discharged bankrupt, subject to a Personal Insolvency Agreement, Deed of Arrangement, entered into a Compromise or similar agreement, or do you have any such action pending?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (vii)  | been subject to disciplinary proceedings or banned or disqualified or expelled or refused membership of a statutory, professional or other body in respect of your professional capacity or on any other ground, or is any such refusal pending?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (viii) | been dismissed or had any proper authority including any licence withdrawn on ethical or legal grounds, or are any such disciplinary proceedings pending?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (ix)   | had any past, present or pending claim made against your Professional Indemnity Insurance under which you operate in relation to advice you have tendered?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (x)    | been refused Professional Indemnity Insurance?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (xi)   | been denied accreditation by a Lender, Mortgage Manager, Mortgage Insurer, or Deposit Bond Provider?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (xii)  | had your accreditation cancelled or suspended by a Lender, Mortgage Manager, Mortgage Insurer or Deposit Bond Provider, other than for volume reasons, or had your membership of an aggregator or franchise group terminated, or is similar action pending against you?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (xiii) | been known by any other name (for natural persons)?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (xiv)  | been a defendant or respondent in a civil action which includes, but is not limited to, any lawsuit, arbitration, conciliation or mediation, relating to your professional, business or personal conduct?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- (xv) had your employment terminated for disciplinary reasons?  Yes  No
- (xvi) any information not already provided to the MFAA about which it should be aware?  Yes  No

If you answered 'yes' to any of these questions, please provide details on a separate sheet.

## STEP 2 CONT.

### Privacy and compliance declaration

In order for this application to continue, you will need to make a declaration as follows and agree to the terms shown below.

I declare that I am aware of the MFAA Constitution, Code of Practice and Disciplinary Rules (available on the MFAA website at [www.mfaa.com.au](http://www.mfaa.com.au)) and other relevant membership compliance obligations including laws relevant to my occupation.

I agree to the MFAA collecting, using and disclosing my information as specified below and in the MFAA's Privacy Policy and upon acceptance by the MFAA that I am contractually obligated, as an MFAA member, to abide by:

- the MFAA Constitution;
- the MFAA Code of Practice and associated governance documents;
- the MFAA Disciplinary Rules;
- the AFCA (The Australian Financial Complaints Authority) rules, and if applicable, the rules of any other External Dispute Resolution (EDR) Schemes approved by ASIC, of which I am a member.

I hereby authorise any employer, aggregator, lender, or other entity with whom I do business to provide the MFAA with information about my activities including information that I may have engaged in misconduct relating to the law or to the MFAA's Constitution, Code of Practice, Disciplinary Rules or other governance documents. This authority applies to any business to which my personal membership attaches.

I note that the MFAA's Privacy Policy allows it to disclose personal information to other businesses in accordance with the MFAA Constitution, Code of Practice, or Disciplinary Rules and will disclose the membership status of my individual or business membership to lenders and aggregators and members of the public upon request. In addition, I am aware that lists of ceased and terminated members may be sent to members, aggregators and lenders. This information is limited to my member number, name, business name, status and expiry date of membership.

If you do not provide the information we may be unable to process your application for membership or provide you with other membership services.

MFAA membership is held for a 12 month period, and once issued, cannot be refunded.

I declare that the information given in this application is complete, true and correct and I agree to the terms above and agree that the MFAA may collect, use and disclose my information as specified above.

Last Name: ..... First Name: .....

Signature:

Date: ...../...../.....

# STEP 3

## Post application to the MFAA

Keep a copy of your application and send the original application form, with attachments, to

MFAA

Level 9, 130 Pitt Street,

Sydney NSW 2001