

# INTRODUCER ACCREDITATION FORM

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 www.libfin.co.nz



**To:** Liberty Financial – Underwriting Department  
**Fax number:** (0800) 388 188  
**From:**  
**Company:**  
**Phone:**  
**Facsimile:**  
**Sent on behalf of:**  
**Date & pages:**

## APPLICATION CHECKLIST & NOTES

- Application checklist (attach the following to support this application)
- Corporate Profile including staff numbers and office locations
  - Resumes of Principals and Officers including qualifications and backgrounds
  - Details of all licences held (e.g. brokers licence, business licences, business names, etc.)
  - Copy of Certificate of Incorporation, Memorandum and Articles of Association or Trust Deeds
  - Copy of Professional Indemnity policy (minimum cover required is \$1million for any one claim)
  - Confirmation for any staff member who has successfully completed industry sponsored training
  - Full details of any memberships, associations or registrations that are relevant to the industry
  - Written explanation if the company or any of its officers had judgments or serious convictions ordered against them, been bankrupt, entered into arrangements with creditors or have pending litigation

## APPLICANT INFORMATION

Name of entity: \_\_\_\_\_

Trust details (if any): Name of Trust: \_\_\_\_\_ Name of Trustee: \_\_\_\_\_

Holding entity (if any): Name of holding company: \_\_\_\_\_

Registration: CPY No: \_\_\_\_\_ Date of incorporation: \_\_\_\_\_

Office address: Street: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ Town/City: \_\_\_\_\_

Entity type:  Sole Trader  Partnership  Company

Introducer type:  Financial Broker  Solicitor  Accountant  
 Financial Planner  Real Estate  Other

Other financial services offered:  Motor Finance  Commercial Property  Private Funds  
 Funds Management  Insurance  Other

FSP number: \_\_\_\_\_

Memberships: Please list any memberships or associations: \_\_\_\_\_

Staff Training: Please list any regular training programs: \_\_\_\_\_

# DIRECTOR INFORMATION

APPLICANT 1

APPLICANT 2

Mr
  Mrs
  Miss
  Ms
  Dr

Title: \_\_\_\_\_  
 First/Middle name: \_\_\_\_\_  
 Surname: \_\_\_\_\_  
 Contact information: Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Years in industry: \_\_\_\_\_

Mr
  Mrs
  Miss
  Ms
  Dr

Title: \_\_\_\_\_  
 First/Middle name: \_\_\_\_\_  
 Surname: \_\_\_\_\_  
 Contact information: Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Years in industry: \_\_\_\_\_

# LENDER REFERENCES

REFERENCE 1

REFERENCE 2

Mr
  Mrs
  Miss
  Ms
  Dr

Title: \_\_\_\_\_  
 First/Middle name: \_\_\_\_\_  
 Contact information: Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Company name: \_\_\_\_\_  
 Company address: Street: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ Town/City: \_\_\_\_\_  
 Accreditation date: MM/YY: \_\_\_\_\_  
 Please list lenders you are accredited with: \_\_\_\_\_

Mr
  Mrs
  Miss
  Ms
  Dr

Title: \_\_\_\_\_  
 First/Middle name: \_\_\_\_\_  
 Contact information: Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Company name: \_\_\_\_\_  
 Company address: Street: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ Town/City: \_\_\_\_\_  
 Accreditation date: MM/YY: \_\_\_\_\_  
 Please list lenders you are accredited with: \_\_\_\_\_

# ADMINISTRATIVE DETAILS

Administrative contact	Contact: _____	Title: _____
	Telephone: _____	Fax: _____
	Mobile: _____	Email: _____
Bank account information	Bank name: _____	Branch: _____
	Bank & Branch number: _____	Account number: _____

# DIRECTOR DECLARATION

I/We, the applicant(s), am/are aware that:

1. All statements made in this application are true and correct; and
2. If Liberty Financial Ltd and/or Secure Funding Limited accepts this application an Introducer Agreement will be forwarded to you in due course.

\_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date