

## ADVISER APPLICATION FORM

### BUSINESS DETAILS SECTION (Please complete in capital block letters)

Business Name	<input type="text"/>		
Postal Address	<input type="text"/>		
Physical Address	<input type="text"/>		
Work Phone	<input type="text"/>	Email	<input type="text"/>
FSP Number	<input type="text"/>	DRS	<input type="text"/>

### AUTHORISED PERSON ON BEHALF OF BUSINESS (Please complete in capital block letters)

<input type="text"/>	<input type="text"/>	<input type="text"/>		
Title	First Name (s)	Surname		
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Day	Month	Year	
Number & Street	<input type="text"/>	Suburb	<input type="text"/>	
City	<input type="text"/>	Postcode	<input type="text"/>	
Work Phone	<input type="text"/>	Mobile	<input type="text"/>	
Email	<input type="text"/>			
Designation	AFA / RFA / QFE (if applicable)	GST Number	<input type="text"/>	<input type="text"/>
Bank Account	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Bank	Branch	Account Number	Suffix
Account Name	<input type="text"/>		Swift code	<input type="text"/>
Bank Name	<input type="text"/>	Branch	<input type="text"/>	



**COMPLIANCE SECTION**

**Australian Advisers**

AFSL Number

Authorised representative of:

Do you:

1. Have an internal complaints process?

Yes

No

2. Have an AML / CFT programme in place?

Yes

No

**DECLARATION**

1. I declare the foregoing statements are true, correct and complete. These statements are considered to be part of the application procedure. I understand my distribution agreement may be terminated at any stage should I have failed to disclose any material deemed to be relevant to the application process.

**SIGNATURES**

\_\_\_\_\_

Business applicants' signature

\_\_\_\_\_

Adviser applicants' signature

Date\_\_\_\_\_

Date\_\_\_\_\_

**ADMINISTRATION PROCESS**

In order for your application to be processed we require you to complete all sections of this application and provide all documentation listed in the checklist below. In the event this is not received we will return your application back to you for completion.

**CHECKLIST – Please attach a copy of the following (if applicable)**

Disclosure Statement

Evidence of bank

Complete Representatives



## List of Representatives

Please list below the Representatives that will comply with the obligations of this agreement on behalf of the Distributor:

First Name	Last Name	Designation (AFA / RFA / QFE / AFSL)	FSP Number or AFSL (if applicable)