



New Zealand Finance Group Introducer Application Form

Checklist and Supporting Information Required *(Attach to this Application Form)*

- Copy of Professional Indemnity Insurance (minimum indemnity cover required \$1 million in any one claim)
- Certificate of Incorporation, Trust Deeds or Partnership Agreements *(if applicable)*
- Full details and supporting documentation of memberships, associations, registrations or licenses
- Confirmation of New Zealand Mortgage Broker Association membership
- Corporate Profile including staff numbers and office locations
- Bank Account Details
- Three references for yourself or company (references should be from a lending relationship or a character reference).
- Brief Resume of Principals and Officers including qualifications and backgrounds
- RWT Exemption Certificate from IRD *(if applicable)*

Name of Introducer:

Company / Business Name:

Registered Office:

Location Address:

Postal Address *(if different)*:
.....
.....

Contact Numbers: E-mail:

Telephone: **Facsimile:**

E-mail:

Introducer Type: Financial Planner Mortgage Broker Solicitor
 Accountant Real Estate Agent Other

Commercial Mortgages Residential Mortgages

Memberships: NZMBA FPANZ IAANZ

Director Information

Title: Mr Mrs Ms Miss Dr Mr Mrs Ms Miss Dr

First / Middle Name:

Surname:

Telephone:

Facsimile:

Mobile:

E-mail:

References

Title: Mr Mrs Ms Miss Dr Mr Mrs Ms Miss Dr

Full Name:

Company Name:

Company Address:

.....

Telephone:

Facsimile:

Mobile:

E-mail:

Administration Contacts

Contact Person: **Position:**

Telephone:

Facsimile:

E-mail:

Bank Account Details

Company Name	
Bank	
Account Name	
Account Name	_____/_____/__

Other Lender Accreditations

- | | | |
|---------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> ANZ | <input type="checkbox"/> ASB | <input type="checkbox"/> NBNZ |
| <input type="checkbox"/> Sovereign | <input type="checkbox"/> HSBC | <input type="checkbox"/> Westpac |
| <input type="checkbox"/> AMP | <input type="checkbox"/> Bridgecorp | <input type="checkbox"/> Bluestone |
| <input type="checkbox"/> Liberty | <input type="checkbox"/> GE | <input type="checkbox"/> PLAN |
| <input type="checkbox"/> AMBL | <input type="checkbox"/> KMM | |
| <input type="checkbox"/> Other: | | |

Please tick the appropriate box to answer the following questions:

YES / NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been adjudged bankrupt, been banned from holding office as a director of a company or convicted of any civil or criminal offence? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any broker agreement with lenders refused, suspended or cancelled? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had any Professional Indemnity insurance refused, suspended or cancelled? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your company / business registered for RWT. (If NO please provide copy of RWT exemption certificate from IRD). |

Authorisations, Use and Disclosure of Information

I/We, the applicant(s), am/are aware that and hereby authorise, NZF HomeLoans Limited ‘the company’ or it’s associated company New Zealand Finance Limited to carry out the following inquiries from time to time and/or at the discretion of the company to:

1. All statements made in this application form are true and correct; and
2. Upon acceptance of this application NZF HomeLoans Limited will forward a Introducer Agreement for execution in due course;
3. I/We agree to carry a minimum of \$1 million Professional Indemnity Insurance and to provide a current certificate. A copy of the annual renewable certificate is to be forwarded to NZF HomeLoans Limited. If at the time of application a cover note is held, I/We agree to provide a full insurance confirmation upon the execution of the Introducer Agreement;
4. Contact any or all of the referees provided and also lenders with whom I may have current and/or had previous dealings, to undertake a further credit(s) report on me and/or my company (as applicable) and/or carry out any additional enquiries considered appropriate in processing my application for accreditation;
5. I/We further acknowledge that while the applicant remains accredited with the company, the company may from time to time conduct further enquiries which may require contact with referees, credit reporting agencies and lenders to whom I/We have/had dealings with;
6. Conduct a credit report from a credit reporting agency;
7. I/We understand that the company will hold information supplied in support of this application in private and confidence and that the applicant upon written request will have access to update and/or correct the information held;
8. I/We understand the company will conduct reviews of its dealings with me/us at which time continued accreditation may change as a result.

Dated:

Signed: Position:

Signed: Position:

Signed: Position: