



A.C.N. 166 276 017

LOAN WRITER ACCREDITATION APPLICATION

Company Name/Sole Trader:	
Trust Entity if Applicable:	
Trading as:	
Director(s)/Principal(s):	
Date of Birth:	
ABN/ACN No:	
Aggregator:	
Industry Accreditations & Memberships: (MFAA, FBAA, COSL etc)	
ACL/ACR No:	
Licenses Held: (ACL, AFSL etc)	
Professional Indemnity:	
Trading Address:	
Postal Address:	
Residing address:	
Mobile:	
Business Phone:	
Business Fax:	
Website:	
Email Address:	

Name:	Signature:
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The Accreditation Process

1. Complete & sign the above accreditation form
2. Send the introducer application form to Agora info@agoracapital.com.au
3. The Agora accreditation team will be in contact to confirm your accreditation or ask any further questions

Please ensure your accreditation is in place when submitting application to Agora – However you are always welcome to contact us and work through a scenario while you accreditation is in process.