

## Commercial Origination

### Application for Commercial Referrer - Direct

Please return your completed form to [referrer@globalcapital.com.au](mailto:referrer@globalcapital.com.au) or fax to 02 9222 9500

Name:		
Company Name:	ACN/ABN:	
Address (Not PO Box):		
Suburb:	State:	Postcode:
Phone Number:	Mobile:	Fax:
Date of Birth:	Email Address:	

Note: Independent Referees from Finance or Accounting industry required (known for minimum 12 months).

<b>Reference 1</b> Name: Phone Number: Company: Position:	<b>Reference 2</b> Name: Phone Number: Company: Position:
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Primary Business Activity:

Other Business Activities:

GCC Relationship Manager:

#### SECONDARY BUSINESS / OFFICE CONTACTS

Name: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever been declared bankrupt or subject to a Part 10 arrangement? YES NO

Have you ever been charged or convicted of an offence of dishonesty, fraud or similar? YES NO

Have you ever been a Director or Office holder of an insolvent Company? YES NO

I would like to become a Commercial Finance and Development Finance Referrer

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

<b>GCC Internal Use only</b> Notes:  Commercial Origination Manager _____ Name _____ Signed / / Date
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This application does not constitute a legal binding agreement with GCC until such time that legal agreement is executed by all related parties. GCC reserves the right to refuse accreditation as deemed appropriate.