



## Application for an introduction agents licence

Introduction Agents Act 2001

This form is effective from 10 August 2020

ABN: 13 846 673 994

### OFFICE USE ONLY

#### Date received

.....

#### Payment details

Amount allocated

\$ .....

CHC amount

\$ .....

Total amount

\$ .....

#### Entity

Entity number .....

### Instructions

This licence is required by individuals, groups of individuals or corporations who wish to carry on business as an introduction agent.

Please complete in **BLOCK** letters. Attach extra pages if needed. All references to dates should be in DD/MM/YYYY.

### Privacy statement—please read

The Office of Fair Trading (OFT) collects information, including personal information, on this form as required by the *Introduction Agents Act 2001* to process your application. In accordance with this Act, some personal information may be passed on to police services in Australia (including federal, states and territories) for criminal history searches. Enquiries may also be made with the Department of Home Affairs to verify eligibility to work in Australia. Your name, business address, business information and postal address will be placed on a register which may be inspected by the public upon payment of a prescribed fee. Additionally, information on this form can be disclosed without your consent where authorised or required by law. Under the *Fair Trading Act 1989* information may also be shared on a confidential basis with other Australian fair trading agencies.

If you give the OFT an email address to communicate with you, the personal information in these communications will be stored on your email service provider's servers. These servers may be outside of Australia. By giving us your email address, you are consenting to the personal information contained within the emails to and from the OFT to be transferred outside Australia.

### Licence fees

The licence fees for introduction agents are available on the Fair Trading website at [www.qld.gov.au/fairtrading](http://www.qld.gov.au/fairtrading). No GST is payable on the licence fees.

Each person associated with the licence e.g. associated persons/partners/directors must pass a mandatory criminal history check. A criminal history check fee applies for each person whose name and date of birth appears on this form. The criminal history check fee is available at [www.qld.gov.au/fairtrading](http://www.qld.gov.au/fairtrading)

### Name of applicant

Name of applicant .....

This area has been intentionally left blank.

## Part 1—Application details

<p><b>Section 1</b> <b>Business particulars</b></p>	<p>How do you intend to carry on business?</p> <p><input type="checkbox"/> Individual                      <input type="checkbox"/> Partnership                      <input type="checkbox"/> Corporation</p> <p>Term of licence:</p> <p><input type="checkbox"/> One year                      <input type="checkbox"/> Two years                      <input type="checkbox"/> Three years</p>
<p><b>Section 2</b> <b>Individual</b></p> <p>If you are trading as a partnership/group of individuals, please refer to Part 3 of the application.</p>	<p>Preferred title    <input type="checkbox"/> Mr    <input type="checkbox"/> Mrs    <input type="checkbox"/> Ms    <input type="checkbox"/> Miss    Other (specify) .....</p> <p>Surname .....</p> <p>Given names .....</p> <p><b>Have you ever been known by any other names?</b></p> <p><input type="checkbox"/> No    <input type="checkbox"/> Yes—Give other names .....</p>
<p><b>Section 3</b> <b>Corporation details</b> (if applicable)</p>	<p>Australian Company Number (ACN) <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Corporation name .....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>If trading as a corporation please show the full name as listed on the <i>Certificate of Registration of a Company</i>.</p>
<p><b>Section 4</b> <b>Business name details</b> (If applicable)</p>	<p>Full business/trading name .....</p> <p>.....</p> <p>Please show the full name as listed on the <i>Record of Registration for Business Name</i>.</p>

## Part 2—Business location

<p><b>Section 1</b> <b>Physical business address</b></p> <p>Please copy for each additional business location.</p>	<p>Address (not a PO Box) .....</p> <p>.....</p> <p>Suburb ..... State <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Postcode <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>
<p><b>Section 2</b> <b>Business postal address</b></p>	<p>Postal address .....</p> <p>.....</p> <p>Suburb ..... State <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Postcode <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>
<p><b>Section 3</b> <b>Business contact details</b></p>	<p>Phone ( ) ..... Fax ( ) .....</p> <p>Mobile .....</p> <p>Email .....</p> <p>Web address .....</p> <p>Preferred contact method?    <input type="checkbox"/> Phone    <input type="checkbox"/> Fax    <input type="checkbox"/> Mobile    <input type="checkbox"/> Email</p>

## Part 3—Individuals, partnerships/groups of individuals, corporation officers, associated persons—personal details

If you are lodging this application in person, you may provide an original of your birth certificate/extract, Australian citizenship certificate, ImmiCard, passport or driver's licence which will be copied and certified by the officer receiving your application. If you are lodging this application by mail, please send a photocopy of one of the above documents certified as a true copy. This office will only accept photocopies of the documents certified by the following people: Justice of the Peace, Commissioner for Declarations, barrister/solicitor; or Notary Public.

**Note:** You must supply certified identification in your current name.

<p><b>Person 1 Personal details</b></p> <p>Please provide full name of each individual involved in the business.</p> <p>Each individual/partner and/or each executive officer of the corporation must complete Part 3.</p> <p>Make as many copies of this page as required. Please attach extra sheets if necessary.</p>	<p>Position held <input type="checkbox"/> Individual <input type="checkbox"/> Associated person <input type="checkbox"/> Corporation officer <input type="checkbox"/> Other (specify) .....</p> <p>Preferred title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other (specify) .....</p> <p>First name ..... Last name .....</p> <p>Other name ..... Date of birth <input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> (if applicable) D D M M Y Y Y Y</p> <p>Reason for name change .....</p> <p>Place of birth (town, state and country) .....</p> <p><b>Associated persons</b></p> <p>All people who are in effective control of the applicant's or licensee's business must complete the personal details—Part 3. For example, a person who is regularly or usually in charge of the business, or who directs staff in their duties or who is in a position to control or influence substantially the business.</p>
<p><b>Postal address</b></p>	<p>Postal address .....</p> <p>Suburb ..... State <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Postcode <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>
<p><b>Residential address</b></p>	<p>Residential address (not a P.O. Box) .....</p> <p>Suburb ..... State <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Postcode <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>
<p><b>Contact details</b></p>	<p>Phone (work) ( ) ..... Fax (work) ( ) .....</p> <p>Phone (home) ( ) ..... Mobile .....</p> <p>Email .....</p> <p>Preferred contact method? <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Mobile <input type="checkbox"/> Email <input type="checkbox"/> Mail</p>
<p><b>Person 2 Personal details</b></p> <p>Please provide full name of each individual involved in the business.</p> <p>If you have been known by any other name, give details and reason for name change.</p>	<p>Position held <input type="checkbox"/> Individual <input type="checkbox"/> Associated person <input type="checkbox"/> Corporation officer <input type="checkbox"/> Other (specify) .....</p> <p>Preferred title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other (specify) .....</p> <p>First name ..... Last name .....</p> <p>Other name ..... Date of birth <input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> (if applicable) D D M M Y Y Y Y</p> <p>Reason for name change .....</p> <p>Place of birth (town, state and country) .....</p>
<p><b>Postal address</b></p>	<p>Postal address .....</p> <p>Suburb ..... State <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Postcode <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>
<p><b>Residential address</b></p>	<p>Residential address (not a P.O. Box) .....</p> <p>Suburb ..... State <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Postcode <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>

## Part 3—Individuals, partnerships/groups of individuals, corporation officers, associated persons—personal details continued

### Contact details

Phone (work) ( ) ..... Fax (work) ( ) .....

Phone (home) ( ) ..... Mobile .....

Email .....

Preferred contact method?  Phone  Fax  Mobile  Email  Mail

## Part 4—Suitability checklist

### Please tick the appropriate box

**Note:** the Office of Fair Trading will ask the Queensland Police Service (QPS) for a criminal history report of the applicant or a named associated person of the applicant and any executive officers of the corporation.

**Note:** 'externally administered body corporate' has the meaning given by the *Corporations Act 2001*, Section 9 as follows:

- (a) that is being wound up
- (b) in respect of property of which a receiver, or a receiver and manager, has been appointed (whether or not by a court) and is acting
- (c) that is under administration
- (d) that has executed a deed of company arrangement that has not yet terminated
- (e) that has entered into a compromise or arrangement with another person, the administration of which has not been concluded.

### Have you or any person mentioned in this application:

Been convicted of an offence against the *Introduction Agents Act 2001*, the *Fair Trading Act 1989* including the Australian Consumer Law (Queensland) forming part of that act or a corresponding law within the past five years?  Yes  No

Breached an undertaking given to the Chief Executive under the *Introduction Agents Act 2001*, or the *Fair Trading Act 1989* including the Australian Consumer Law (Queensland) within the past five years?  Yes  No

### For individuals, partners and/or corporation officers or associated persons—do any of the following disqualifying criteria apply to you or an associated person?

Are you/they under 18 years of age?  Yes  No

Are you/they an insolvent under administration (this includes entering into bankruptcy or a Personal Insolvency Agreement under Part X of the *Bankruptcy Act 1966* or is a party as a debtor to a debt agreement under Part IX of the *Bankruptcy Act 1966*)?  Yes  No

Have you/ they been convicted of a disqualifying offence within the past five years?  Yes  No

Have you/they (within the past five years) been a licensee or an approved manager under the *Prostitution Act 1999*?  Yes  No

Have you/they been ordered by a court not to be in any way involved in the operation of a business of an introduction agent (whether under this Act or another law), and is the order still current?  Yes  No

### For corporations—do any of the following disqualifying criteria apply:

Is the corporation an externally administered body corporate?  Yes  No

Has the corporation been ordered by a court not to be in any way involved in the operation of the business of an introduction agent (whether under the *Introduction Agents Act 2001* or another law), and is the order still current?  Yes  No

Has the corporation been convicted of a disqualifying offence within the past five years?  Yes  No

**If the answer is YES to any of the above questions, please provide details on a separate sheet.**

## Part 5—Checklist and declaration

### Please read each statement and tick each box to ensure your application is complete:

- I/We have completed each part of this form honestly and correctly to the best of my/our knowledge.
- I/We have enclosed an original or certified copy of my/our proof of identity as required in Part 3.
- I/We have enclosed the application fee \$ .....
- Mandatory criminal history check fees (fees are available at [www.qld.gov.au/fairtrading](http://www.qld.gov.au/fairtrading)) for each person whose date and birth appears on this form. Processing of the application will not progress until this fee is paid.
- I/We have read and signed Part 6 (page 5) of the application.

## Part 6—Declaration

<p><b>Declaration</b></p>	<p>It is an offence to supply incorrect or misleading information. Disclosure of previous convictions does not automatically disqualify you from holding a licence/certificate. However, failure to disclose convictions may result in your licence/certificate being cancelled and prosecution action being commenced.</p> <p>In submitting this application, I/we consent to a national criminal history check being conducted by the Queensland Police Service (QPS) and for QPS and other Australian police services to disclose criminal history information and any impending charges to the Office of Fair Trading. I understand any disclosures will be subject to applicable Commonwealth, state or territory legislation and/or police policy.</p>
<p><b>Applicant sign here</b></p> <p>Each person required to provide personal details pursuant to this application <b>must sign and date this application</b> (See Part 3).</p> <p>Add extra sheets if necessary.</p> <p>Average processing times for a complete application is four to six weeks.</p> <p>Processing times vary depending on volumes of applications on hand, seasonal fluctuations, and whether you are recorded on an interstate police database.</p> <p>Please allow at least four weeks from the date of lodgement before enquiring on the progress of an application.</p>	<p>If insufficient signature blocks, please photocopy the declaration and attach to this application.</p> <p>Signature ..... Position held .....</p> <p>Name (print) ..... Date signed <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Signature ..... Position held .....</p> <p>Name (print) ..... Date signed <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Signature ..... Position held .....</p> <p>Name (print) ..... Date signed <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>Please ensure each individual, partners and/or executive officers of the corporation have signed the above.</b></p> <p><b>Industry Licensing staff may contact you for further details if required.</b></p>

## Lodgement details

<p><b>IMPORTANT!</b></p> <p>Please make sure you:</p> <ul style="list-style-type: none"> <li>provide all necessary information and documentation</li> <li>sign the application</li> <li>return all pages of the application form.</li> </ul>	<p><b>Please lodge the completed application, any supporting documentation and applicable fees to the Office of Fair Trading at the address below, at one of our regional offices, or at a Queensland Government Service Office.</b></p> <p><b>By mail:</b> Industry Licensing Unit, GPO Box 3111, Brisbane QLD 4001</p> <p><b>In person:</b> Visit <a href="http://www.qld.gov.au/fairtrading">www.qld.gov.au/fairtrading</a> or call <b>13 QGOV</b> (13 74 68) for information and your nearest Fair Trading Office or Queensland Government Service Office.</p>
<p><b>Refund</b></p>	<p>If the application is withdrawn prior to a licence being issued or the application is refused, the department will retain a fee (fee information is available at <a href="http://www.qld.gov.au/fairtrading">www.qld.gov.au/fairtrading</a>) plus a fee for each criminal history check undertaken and refund the balance.</p>
<p><b>Change of details</b></p>	<p>If at any time your licence details or suitability requirements change, you must notify the Office of Fair Trading within 30 days.</p>

**This page has been intentionally left blank.  
Proceed to next section for payment details.**

**If you do not complete the payment section this form will be  
considered incomplete and may delay processing.**

## Payer details

This section must be completed if payment has been made by another person on behalf of the applicant.

Name .....

Postal address .....

Suburb ..... State    Postcode

Mobile ..... Fax number .....

Receipt request Yes  No

Email .....

## Payment

### Payment details

Cash—pay in person  Debit/Credit card  Money order  Cheque  
**Do not send cash by mail**

Make money order or cheque payable to the Office of Fair Trading.  
**A receipt will not be issued unless specifically requested.**

### Debit/Credit card

**OFT cannot accept debit/credit card details over the phone, fax or email (including any attachments) in accordance with the Payment Card Industry Data Security Standard. If an email or fax is received containing debit/credit card details, it will be deleted immediately and your application and payment will not be processed.**

Charge my:



Go online to [www.qld.gov.au/fairtrading](http://www.qld.gov.au/fairtrading)

Debit/Credit card number:

Cardholder's name:

.....

Amount authorised:

\$ ..... Expiry date:   /

Cardholder's signature:

.....



### Online payments

Tick box if you wish to pay online

If you select this option, once OFT has received your documentation, an officer will be in contact to provide you with a Customer Reference Number (CRN). You can use this to pay via the following methods:



Go online to [www.qld.gov.au/fairtrading](http://www.qld.gov.au/fairtrading)



Payments can be made using **BPAY** through your bank or financial institution using the reference details that will be provided to you.



### By post

A cheque or money order can be posted in, together with the application form.

**Make money order or cheque payable to the Office of Fair Trading**



### In person

You can also visit a Fair Trading Office or an applicable Queensland Government Service Office to lodge this application and pay the applicable fees over the counter.

Visit [www.qld.gov.au/fairtrading](http://www.qld.gov.au/fairtrading) or call **13 QGOV** (13 74 68) for your nearest Fair Trading Office or Queensland Government Service Office.