

PFAN Adviser application form



Pro Bono Financial
Advice Network

Adviser expression of interest and Licensee consent form

Thank you for expressing your interest in being part of the Pro Bono Financial Advice Network (PFAN). Please complete this form and send a scanned copy to support@probonoadvice.com.au. We will be in touch shortly to finalise your application.

SECTION 1: Why do you want to be part of the PFAN community?

We love hearing why people want to become involved with helping others! Please tell us why you want to become a part of our community.

SECTION 2: Adviser Details

First Name:

Last Name:

Licensee Name:

ASIC AR Number:

Trading Name:

Business Address:

Mobile:

Business Phone:

Email:

Website:

Which are your areas of expertise:

YES

Insurance claims

Centrelink entitlements

Information about National Disability
Insurance Scheme (NDIS)

Investment advice

Retirement planning

Which are your areas of expertise:

YES

Superannuation

Debt management

Aged care

Other (*please specify*)

What are your qualifications?

Do you belong to any Professional Financial Adviser/Planner Associations? If so, which:

AFA - Association of Financial Advisers
FPA - Financial Planning Association of Australia

SMSF Association
Other

SECTION 3: References

Please provide 2 referees that have known you for more than two years and have worked with you closely. If you are not self-licensed, please provide your practice manager as one of the referees.

Name of Referee 1:

Contact Number 1:

Name of Referee 2:

Contact Number 2:

SECTION 4: Adviser Declaration

By signing this form you:
Agree to be bound by the policies, procedures and guidance issued by PFAN

Signature Adviser:

DD

MM

YY

SECTION 5: Licensee Approval

This section must be completed by your licensee.

Name of Principal and/or Representative of the Licensee:

Mobile :

Business Phone :

Email:

Website:

By signing this form you:

- Agree to be bound by the policies, procedures and guidance issued by PFAN
- Confirm that the information provided is accurate to your knowledge
- Acknowledge and approve that the adviser listed on this form is going to provide pro bono financial advice

Name of Licensee:

Signature Licensee:

DD

MM

YY

SUBMITTING THIS APPLICATION

Once completed, please send a scanned copy of this application to support@probonoadvice.com.au
One of the PFAN team will be in touch shortly.

For any questions about your application please email support@probonoadvice.com.au