



AUTHORISED REPRESENTATIVE Declaration Form

Mouse-over for more information:

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ENTITY NAME

TRADING NAME

PHONE NUMBER

ABN

ASFL OR AR NUMBER

OFFICE ADDRESS

POSTAL ADDRESS

If the same as Office Address, tick here

1 Have you completed the required training for CHU and can you provide current certification if needed? YES NO

2 Provide the current and updated details below of all staff that deal with insurance matters and/ or arrange insurances:

FIRST NAME	LAST NAME	EMAIL
FIRST NAME	LAST NAME	EMAIL
FIRST NAME	LAST NAME	EMAIL
FIRST NAME	LAST NAME	EMAIL
FIRST NAME	LAST NAME	EMAIL
FIRST NAME	LAST NAME	EMAIL
FIRST NAME	LAST NAME	EMAIL
FIRST NAME	LAST NAME	EMAIL
FIRST NAME	LAST NAME	EMAIL
FIRST NAME	LAST NAME	EMAIL
FIRST NAME	LAST NAME	EMAIL

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|-----------|--|-----|------------------------------------|
| 3 | Please confirm that in the last 12 months you reported all complaints/ any actual or potential cases of Financial Hardship/Family Violence made against you, your company, your employees or your services to CHU within 24 hours? | YES | NO
If No, explain why: |
| 4 | Have you received any correspondence from a Regulator? | YES | NO
If Yes, provide the details: |
| 5 | Have there been any errors and omissions that could result in a claim being made against the AFS Licensee, any of its directors, employees or representatives, by a client or any other party with whom we transact business? | YES | NO |
| 6 | Do you confirm that any material risk failures, breaches or procedural failures have been reported to CHU and do you confirm that you have acted within your authority at all times? | YES | NO |
| 7 | Have all staff completed their compulsory CPD hours? | YES | NO |
| 8 | Do you confirm that you have reported any potential/actual conflicts of interest in your dealings with clients. (This includes any gifts or benefits over \$300 from an external party)? | YES | NO |
| 9 | Have there been any Significant Dealing Notifications (PDDO) outside the Target Market to be reported? | YES | NO |
| 10 | Are there are any litigations or proceedings, actual or threatened against your company or any of your staff dealing with insurance? | YES | NO |
| 11 | Have you updated any marketing and/or promotional material (eg. websites, social media accounts, business cards, letterheads, flyers, etc) in line with CHU requirements and relevant legislation? | YES | NO |

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|-----------|--|-----|------------------------------------|
| 12 | Are there any plans to dispose of parts of or all of your business or acquire a new business? | YES | NO |
| 13 | Do you disclose/store customers' personal data overseas – including engaging any 3rd party IT providers with overseas staff? | YES | NO |
| 14 | Have you had any actual or suspected data breaches within the last 12 months? | YES | NO
If Yes, provide the details: |
| 15 | Do you confirm your company is solvent and is able to pay its debts when they become due? | YES | NO |
| 16 | Do you confirm that you understand your Authorised Representative Responsibilities including but not limited to Personal Advice, General Advice and Internal Dispute Procedures? | YES | NO |
| 17 | Are all staff dealing in insurance still considered fit and proper (no bankruptcy, criminal or civil charges, investigated or banned by ASIC)? | YES | NO |
| 18 | If requested can you provide a blank copy of your Strata Management Agency Agreement (or similar Management Agreement)? | YES | NO |

DECLARATION

FULL NAME

DATE

SIGNATURE

I confirm this information is true and correct

➔ Please save completed form to your computer first before emailing

Return the completed form to compliance@chu.com.au