

Australian Financial Services Licensee Acknowledgement and Authorisation

Tick to affirm	<input checked="" type="checkbox"/> <p>I..... [insert legal full name of AFS licensee Responsible Manager], Responsible Manager for [insert name of member's authorising AFS licensee] AFS licence number:..... [insert AFS license number of member's authorising AFS licensee] of [insert business address of AFS licensee] hereby make acknowledgement on behalf of the licensee and the licensee agrees to be bound as follows:</p>
<input type="checkbox"/>	I am a Responsible Manager for the member's authorising Australian Financial Services licensee (AFS licensee).
<input type="checkbox"/>	I am duly authorised to bind the AFS licensee.
<input type="checkbox"/>	I have read the FPA Professional Ongoing Fees Code Participating Member Registration Agreement between [insert full legal name of FPA member] and the Financial Planning Association of Australia Ltd (FPA) and the FPA Professional Ongoing Fees Code for Ongoing Fee Arrangements in Financial Planning.
<input type="checkbox"/>	The AFS licensee has the necessary supervision and monitoring arrangements in place and I am confident the member has appropriate systems and processes in place to enable the member to comply with all obligations on the member under the Professional Ongoing Fees Code Participating Member Registration Agreement and to comply with the FPA Professional Ongoing Fees Code and the FPA.
<input type="checkbox"/>	The AFS licensee agrees to fully cooperate with any FPA investigation related to the member's participation in the FPA Professional Ongoing Fees Code.
<input type="checkbox"/> [insert name of member's authorising AFS licensee] authorises[full legal name of member] until revoked by the licensee to participate in the FPA Professional Ongoing Fees Code on the terms and conditions set out in the Professional Ongoing Fees Code Participating Member Registration Agreement.

Name of FPA Member	
Name of Australian Financial Service Licensee	
AFS license number	
Member's ASIC Register Number	
Date authorisation issued	1 July 20__
Date authorisation ceases	30 June 20__
Date of Acknowledgement and Authorisation	
Signature of Responsible Manager	
Full Legal Name of Responsible Manager	