#### CLIENT REGISTRATION FORM - FINANCIAL ASSESSMENT SERVICES

This registration form should be completed by each business unit intending to utilize Equifax in accordance with services offered under the **NSW Government’s** Financial Assessment Services Prequalification Scheme (2017-2019). Please complete email to EFVRadmin@equifax.com

Upon receipt, Kingsway will set up your account and email login credentials to the nominated users.

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| --- | --- |
| **Organisation Name:**  |  |
| **Division:** |  |
| **ABN:** |  |

|  |  |
| --- | --- |
| **Address:** |  |
| **State:**  |  | **Postcode:**  |  |

|  |  |
| --- | --- |
| **Postal Address:** |  |
| **State:**  |  | **Postcode:**  |  |

|  |  |
| --- | --- |
| **Principal Contact:**  |  |
| **Phone:**  |  | **Mobile:** |  |
| **Email:** |  |

|  |  |  |
| --- | --- | --- |
| **Billing Contact:**  |  | [ ] as above |
| **Phone:**  |  |
| **Email Invoices to:** |  |

|  |  |
| --- | --- |
| **Additional Authorised Users:**  |  |
| **Name:** | **Phone:** | **Email:** |
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Office Use Only

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