

SECTION 2 – EMPLOYMENT HISTORY

DETAILS OF YOUR EMPLOYMENT AS A MORTGAGE AGENT FOR A MINIMUM OF THE PAST TWO (2) YEARS.

From MM/DD/YY	To MM/DD/YY	Company Name	Address & Telephone Number
/ /	/ /		
/ /	/ /		
/ /	/ /		
/ /	/ /		
/ /	/ /		

SECTION 3 – CPMA PRE-REQUISITES (PLEASE ✓)

ATTACH PROOF OF HAVING SUCCESSFULLY COMPLETED A MORTGAGE AGENT'S EDUCATION PROGRAM

- Yes No I am a Member of the Independent Mortgage Brokers Association of Ontario (IMBA) in good standing.
- Yes No I have successfully completed a mortgage agent's education program. (10 Steps to Becoming a Successful Mortgage Agent, or, FSU 101.) (Please attach proof of completion.)

DECLARATION

I declare that, to the best of my knowledge and belief, the information and documents that I am providing with respect to my application for certification as a Certified Professional Mortgage Agent (CPMA) are true and correct. I acknowledge that the statements made herein are being relied upon by the Independent Mortgage Brokers Association of Ontario (IMBA), in its sole discretion, to approve my application.

I agree to abide by IMBA's Code of Conduct and By-laws.

I hereby authorize IMBA to make all inquiries necessary to verify the accuracy of the statements made herein and the information attached hereto. I acknowledge that all information collected and retained is done so in accordance with IMBA's Privacy Policy, which I have been given the opportunity to review at www.IMBA.ca.

Signature

Date

APPLICATION CHECKLIST

- I have attached the signed and completed application form
- I have attached proof of successful completion of a mortgage agent's educational program
- I have provided details of my employment history
- I have attached one reference letter each from a lender and a broker
- I have signed the declaration
- I have enclosed payment by cheque or credit card for the application and examination fee for the sum of **\$265.00**, which includes GST (N.B. NSF Cheques are subject to an administrative charge of \$35.00)

Please check payment method	<input type="checkbox"/> Cheque	<input type="checkbox"/> ViISA	<input type="checkbox"/> MasterCard
Card Number			
Expiry Date (MM/YYYY)			
First Name on Card		Last Name on Card	
If paying by Credit Card, Billing Address is mandatory	Address:		
	City:	Postal Code:	