

NAB Equity Lending Financial Services Company authority

Email the completed form to: equity.lending@nab.com.au		Attention
Please indicate which product this authority relates to:		NAB Equity Lending contact name
□ NAB Margin Loan □ NAB Super Lever □ NAB Equity Bu	ilder	
Facility details		
Client/Facility name		Facility number
		ractity number
Financial Services Company details		
You authorise this company and their service providers; (eg: an SMSF administrator, accounting firm, financial advisory firm, or stockbroking firm) to have access to your account, or to receive information about your account.		
Company name		
Address		
		Postcode
Email	Contact number	
Applicant signatures		
I/We consent to companies of the National Australia Bank Group	using and disclosing	my/our personal information
as contemplated in the section titled 'Your personal information		
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Individual/Joint Signature – first applicant	Signature – second a	nnlicant
		ррисанс
	_	
Full name I	Full name I	
Data .	Date	
Date 	Date 	
Company applicant* Executed by		
Name of company and ABN		
in accordance with subsection 127 (1) of the Corporations Act by authority of its director(s).		
Signature of authorised person Signature of authorised person		
L Full name	_ L Full name	
Office held (Director/Secretary)	Office held (Director/	Secretary)
Date	Date	

^{*} If the company applicant is a proprietary company with a sole director who is also the sole company secretary, that person states that they sign as both the sole director and the sole company secretary. In all other cases, this application should be signed by two directors or a director and company secretary.