



NAB Equity Builder Client representative(s) authority

Please complete form in full in black or blue pen using CAPITAL LETTERS and X where appropriate.

Send to: NAB Equity Lending
PO Box 5350
Melbourne Vic 3001

or

Fax to: 1300 739 923

Attention
NAB Equity Lending contact name

Client Details

Client Name

Client representative authority

I/We authorise National Australia Bank Limited, National Margin Services Pty Ltd and NMS Nominees Pty Ltd and their related entities to act on the instructions of the person(s) whose details appear below as my/our authorised representative(s).

I/We acknowledge that authorised representatives are able to do anything I/we can do under our NAB Equity Builder Facility including provide buy and/or sell investment instructions.

This authority is to remain in place until I/we provide National Australia Bank Limited with a written request to terminate the appointment of the authorised representative(s). If more than one person is nominated as my/our representative, National Australia Bank Limited may act on the instructions of any of them unless otherwise advised.

Authorised representative details

First authorised representative

Title	Surname
<input type="text"/>	<input type="text"/>

First given name	Second given name
<input type="text"/>	<input type="text"/>

Residential address

State	Postcode
<input type="text"/>	<input type="text"/>

Postal address (if different to residential)

State	Postcode
<input type="text"/>	<input type="text"/>

Relationship to applicant

Home telephone number

Work telephone number

Mobile number

Fascimile number

Email address

Second authorised representative

Title	Surname
<input type="text"/>	<input type="text"/>

First given name	Second given name
<input type="text"/>	<input type="text"/>

Residential address

State	Postcode
<input type="text"/>	<input type="text"/>

Postal address (if different to residential)

State	Postcode
<input type="text"/>	<input type="text"/>

Relationship to applicant

Home telephone number

Work telephone number

Mobile number

Fascimile number

Email address

First authorised representative signature†

Signature

Date

Second authorised representative signature†

Signature

Date

† By signing this form, the authorised representative agrees to be the authorised representative of the applicant(s) for the purpose contemplated by this form and acknowledges receiving NAB's Privacy Notification.

The authorised representative(s) confirms that they have read the relevant Product Disclosure Statement(s) and Facility Terms for NAB Equity Builder.

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 and privacy' in the NAB Equity Builder Facility Terms.

This form must be signed by the Applicant.

Applicant 1 / Director 1 / Sole Director / Trustee 1

Signature

Full name

Date

Contact number

Applicant 2 / Director 2 / Trustee 2

Signature

Full name

Date

Contact number