



Please use blue or black pen and write in BLOCK LETTERS

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

**New Details**

Please tick the appropriate box:

**Financial adviser:** I/We authorise the National Australia Bank Limited to take instructions from the financial adviser whose name appears below on my/our behalf.

Please remove my previous nominated financial adviser  Yes  No

**Contact details**

Adviser name

Licensed dealer group (if applicable)

Company name

Address

State

Postcode

Telephone number

Facsimile number

Mobile number

Email address

Trading account number (if applicable)

I/We permit our nominated adviser/broker to access our Facility details via the internet.

Yes

No

I/We permit our nominated adviser/broker to receive notification of a margin call on my/our behalf.

Yes\*

No

\*If you permit your nominated adviser/broker to receive a notification of a margin call on your behalf, you are required to complete further documentation before this can occur. We will forward this documentation to you and your nominated adviser/broker.

**Financial Services Company details**

You authorise this company and their service providers; (eg: an administrator, accounting firm, financial advisory firm, or stockbroking firm) to have access to your account, or to receive information about your account.

You do not authorise this company to make any changes to your account, or to provide any instructions on your behalf.

Company name

Address

State

Postcode

Email address

Telephone number

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## Section A 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 or their Authorised Representative.

Applicant 1 / Sole Director / Trustee 1 / Auth Representative

Applicant 2 / Trustee 2 / Auth Representative

Full name

Full name

Date

Contact number

Date

Contact number

Words written in italics have the same meaning as those in clause 47 of the NAB Equity Builder Facility Terms.