



NAB Equity Builder

Request to increase facility limit

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

Facility limit request

Current Facility Limit

Requested amount of increase

Requested new facility limit

Financial Information

- Company and Trust applicants please include a copy of your most recent financial statements.
- For verification purposes, please provide us with evidence of your annual income, rental income and any other income (e.g. copies of two payslips from the past three months, or a copy of your most recent tax return).

Part A – Income and Expenses

	First Applicant/First Director	Second Applicant/Second Director
Income (Monthly)		
Salary (net)	\$	\$
Rental income (net)	\$	\$
Investment income (including dividends and interest)	\$	\$
Other income (detail below)	\$	\$
	\$	\$
	\$	\$
TOTAL INCOME (Columns must be totalled)	\$	\$

Expenses (Monthly)

Mortgage payments (residential)	\$	\$
Mortgage payments (investment property)	\$	\$
Rental payments	\$	\$
Loan/other payments	\$	\$
Credit or store card payments	\$	\$
Existing margin loan payments	\$	\$
Other living expenses	\$	\$
	\$	\$
TOTAL EXPENSES (Columns must be totalled)	\$	\$

Part B – Asset and Liabilities

Joint applications – apportion joint assets and liabilities evenly; e.g for a \$200,000 joint asset or liability, enter \$100,000 for First Applicant/First Director and \$100,000 for Second Applicant/Second Director.

	First Applicant/First Director	Second Applicant/Second Director
Assets		
Property – Residential	\$	\$
Property – Investment	\$	\$
Cash	\$	\$
Investment (e.g. shares, funds)	\$	\$
Other assets (excluding superannuation)	\$	\$
	\$	\$
TOTAL ASSETS (Columns must be totalled)	\$	\$

Liabilities		
Residential property mortgage	\$	\$
Investment property mortgage	\$	\$
Other loan/s	\$	\$
Credit or store card limit	\$	\$
Existing margin loan limit	\$	\$
Other liabilities	\$	\$
	\$	\$
TOTAL LIABILITIES (Columns must be totalled)	\$	\$

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 Lending and/or NAB Equity Builder Facility Terms.

I/we acknowledge that I/we have not been given or relied upon any financial advice or recommendation about the Facility/s (including any specific stock or managed fund investment) from NAB Equity Lending, a division of National Australia Bank Limited.

NAB recommends that you seek independent legal, tax and financial advice on the suitability of the Facility/s (including a product if relevant) for you.

This form must be signed by the Applicant.

Director 1/ Sole Director / Trustee 1

Signature

Full name

Date

Contact number

Director 2/ Trustee 2

Signature

Full name

Date

Contact number