



# NAB Margin Loan Client representative(s) authority

Please use blue or black pen and write in BLOCK LETTERS

Send to: NAB Equity Lending or Fax to: 1300 739 923  
PO Box 5350  
Melbourne Vic 3001 or Email to: equity.lending@nab.com.au

Attention  
NAB Equity Lending contact name  
\_\_\_\_\_

## Facility details

Client/Facility name \_\_\_\_\_ Facility number \_\_\_\_\_

## 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). We acknowledge that authorised representatives are able to do anything I/we can do under our NAB Equity Lending Facility including increase the Facility limit, buy and/or sell investments and receive and respond to any margin calls that may arise. 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
_____	_____
First given name	Second given name
_____	_____
Residential address	
_____	
State	Postcode
_____	_____
Postal address (if different to residential)	
_____	
State	Postcode
_____	_____
Occupation	
_____	
Relationship to applicant	
_____	
Home telephone number	
( )	
Work telephone number	
( )	
Mobile number	
_____	
Fascimilie number	
( )	
Email address	
_____	
First authorised representative signature†	
_____	
Date	
_____	

### Second authorised representative

Title	Surname
_____	_____
First given name	Second given name
_____	_____
Residential address	
_____	
State	Postcode
_____	_____
Postal address (if different to residential)	
_____	
State	Postcode
_____	_____
Occupation	
_____	
Relationship to applicant	
_____	
Home telephone number	
( )	
Work telephone number	
( )	
Mobile number	
_____	
Fascimilie number	
( )	
Email address	
_____	
Second authorised representative 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 Product Disclosure Statement and Facility Terms for NAB Equity Lending and the Product Disclosure Statement for the Cash Management Account.

## 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 Facility Terms.

### Individual/Joint

Signature – first applicant

Full name

Date

Signature – second applicant

Full name

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

Full name

Office held (Director/Secretary)

Date

Signature of authorised person

Full name

Office held (Director/Secretary)

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.