NAB Equity Lending
Financial Services Company authority

Email the completed form to: equity.lending@nab.com.au

Please indicate which product this authority relates to:

☐ NAB Margin Loan ☐ NAB Super Lever ☐ NAB Equity Builder

Attention

NAB Equity Lending contact name

Facility details

Client/Facility name

Facility number

Financial Services Company details

You authorise this company and their service providers; (eg: an investment platform/reporting service, 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

Investor ID

Address:

State 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 'Privacy Notification' in the NAB Equity Lending Facility Terms.

Individual/Joint

Signature – first applicant

Full Name

Signature

Date / /

Signature – second applicant

Full Name

Signature

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 1

Full Name

Office held (Director/Secretary)

Signature

Date / /

Signature of authorised person 2

Full Name

Office held (Director/Secretary)

Signature

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.