

NAB Margin Loan Managed fund application/lodgement instruction

Email the complete	d form to: equity.lending@nab.com.au		Attention			
			NAB Equity Len	ding contact nam	e	
Facility deta						
Client/Guarantor name				Facility number		
Application	/lodgement instruction(s)					
	nal Australia Bank Limited to make me/us an advar nat units purchased with the advance will become s					
	d understand the offer document and all related driate. I/We agree to be bound by the conditions ap		the offer and see	k advice from fina	ancial and other	
' '	ng requires, I/we authorise:					
Terms;	ty Ltd to make application for the secured property		ehalf in accordar	nce with NAB Equi	ty Lending Facility	
	ty Ltd to agree to the conditions applicable to the o					
• the secured prope	erty to be held in the name of NMS Nominees Pty I	td on my/our behalf.				
APIR code	Name of managed fund			Investor number	(\$) Amount	
If you don't current	tly own any investments with this fund manager, y	ou'll need to complete t	heir application	form.		
Applicant s	ignatures					
	mpanies of the National Australia Bank Group usin al information and privacy' in the NAB Equity Lendi		personal informa	tion as contempl	ated in the section	
Bank Limited (NAB)	that National Margin Services Pty Ltd ('NMS') and NI . NMS and Nominees are not Authorised Deposit Tal AB does not guarantee the obligations or performar	king Institutions and their	obligations do n	ot represent depo	sits or other	
	hat I/we have not been given or relied upon any fina vestment) from NAB Equity Lending, a division of Na			Facility (including a	any specific stock	
NAB recommends t for you.	hat you seek independent legal, tax and financial a	advice on the suitability o	of the Facility (inc	luding a product	if relevant)	
Individual/Joint						
Signature – first appli	cant	Signature – second app	licant			
X		X				
Full name		Full name	Full name			
Date / /		Date / /				
						
Contact number		Contact number				

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	Signature of authorised person				
X	X				
Full name	Full name				
Office held (Director/Secretary)	Office held (Director/Secretary)				
Date	Date				
/ /	/ /				
Contact number	Contact number				

^{*} 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.