



NAB Margin Loan Supplementary Guarantor Consent

Please use blue or black pen and write in BLOCK LETTERS

Send to: NAB Equity Lending
Email: equity.lending@nab.com.au

Attention:
NAB Equity Lending contact name:

Facility details

Guarantor name

Borrower name

Facility number

Facility limit

New Facility limit

\$ _____

Increase existing facility limit from

\$ _____

to \$ _____

Additional documents provided:

1. Statement of financial position provided by the borrower
2. Externally sourced credit report on the borrower
3. Any notice of demand made on the borrower by National Australia Bank Limited in the previous 2 years

Guarantor consent

Please tick the appropriate box

- As Guarantor for the above mentioned NAB Equity Lending Facility, I/we consent to the Facility limit set out above.
- Do not proceed with my application to be Guarantor to this Facility.
- As Guarantor for the above mentioned Facility, I/we do not consent to the requested increase to the Facility Limit

Guarantor 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.

I/we acknowledge that National Margin Services Pty Ltd ('NMS') and NMS Nominees Pty Ltd ('Nominees') are wholly owned subsidiaries of National Australia Bank Limited (NAB). NMS and Nominees are not Authorised Deposit Taking Institutions and their obligations do not represent deposits or other liabilities of NAB. NAB does not guarantee the obligations or performance of NMS or Nominees or the products or services these subsidiaries offer.

Individual/Joint

Signature – First guarantor

X

Full name

Date

____ / ____ / ____

Signature – Second Guarantor

X

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

X

Full name

Office held (Director/Secretary)

Date

____ / ____ / ____

Signature of authorised person

X

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.