

end to: NAB Equi PO Box 53		or fax to: 1300 7	or fax to: 1300 739 923		Attention			
	e Vic 3001	or email to: equity.	lending@nab.com.	au	NAB Equity	Lending contact name	ame	
Facility deta	ils					Facility number		
ment/ractity hame								
Facility limi	request		Decusered assessment	of in average		Decuested now Fo	منانف انسمنه	
Current Facility limit Requested among \$ \$			1 .	or increase		Requested new Fa	citity timit	
lease increase:								
Current variable	rate loan							
New variable rat	e loan							
Additional fixed	rate loan							
Fixed interest ra	te annually ir	n advance						
Term of loan  1 year 2 year	ears 🔲 3 yea	ars 🗆 4 years 🔲 5 yea	ars					
Fived interest ve	te monthly ir	n arrears						
Term of loan		_	ars					
Term of loan  1 year 2 year	ears 3 yea	ars 4 years 5 year		pasa ta vour Easilitu	limit?			
Term of loan  1 year  2 y	ears 3 yea	_		ease to your Facility	limit?			
Term of loan  1 year  2 year  Yes  No	ears 3 yea	ors 4 years 5 years urity to support your r	request for an incre					
Term of loan  1 year  2 y  1 year  No  1 yes, please also c	ears 3 yeandditional second	ars 4 years 5 year	request for an incre					
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Term of loan  1 year 2 year  2 year  1 year 2 year  2 year  2 year  2 year  3 yeas, please also complete the ease complete the ease and expense  Net Income  Employment income	ears 3 years 3 years additional second and formation a following to be second and formation are followed as the following to be second and formation are followed as the following to be second as the following t	submit the form titled enable us to assess yo  cant/First Director  Expenses (I  Mortgage	'Security/manager ur request for an ir	d fund transfer instructions of the second s	uction'.  ty limit.  econd applica Monthly)	Expenses (N		
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Term of loan  1 year 2 year  2 year  1 year 2 year  2 year  1 year 2 year  2 year  2 year  2 year  3 year  4 year  5 year  Financial In  1 lease complete the eart A  1 ncome and expense  Net Income  Employment  Income  Rental income  Investment  Income (including dividends and interest)	ears 3 years additional second omplete and formation following to es  First applic (Monthly)  \$ \$ \$ \$	submit the form titled  enable us to assess your cant/First Director  Expenses (I  Mortgage payments  Lease payments  Loan payments  Credit card payments  Existing margin	'Security/manager our request for an in  Monthly)  \$ \$ \$ \$	d fund transfer instruction of the composition of t	ty limit.  econd application  Monthly)  \$ \$ \$	Expenses (A  Mortgage payments  Lease payments  Loan payments  Credit card payments  Existing margin	\$ \$ \$	

Provide the following information from the latest end of financial year Financial Statements, as prepared by your Accountant/Taxation adviser.

Financial Year that this information relates to:	/	/	
Total Income/Revenue/Sales:	\$		
Total Net Profit (Loss) before tax	\$		

## Part C

## Assets and liabilities

Where there is more than one person providing details, please complete Part C on a combined basis or attach supplementary information to this page.

Assets		Liabilities			
Residential property % owned:%	\$	Residential property mortgage	\$		
Investment property(ies) % owned:% Number:	\$	Investment property(ies) mortgage	\$		
Motor vehicles % owned:% Number:	\$	Car loan(s)	\$		
Existing share portfolio (not including superannuation) % owned:%	\$	Existing margin loan(s)	\$		
Cash	\$	Credit/store cards balance	\$		
Share of company/business (if any)	\$	Other loans			
Other assets	\$ \$ \$ \$	Other expenses	\$ \$ \$ \$		
Total assets	\$	Total liabilities	\$		
titled 'Your personal information and privacy' in the I/we acknowledge that I/we have not been given or stock or managed fund investment) from NAB Equity I	a Bank Group u NAB Equity Lei relied upon an ending, a divisi	sing and disclosing my/our personal information as conto nding Facility Terms. By financial advice or recommendation about the Facility (	including any specific		
/ /		/ /			
Contact number		Contact number			
Company applicant* Executed by Name of company and ABN					
in accordance with subsection 127 (1) of the Corpora Signature of authorised person	ations Act by au	uthority of its director(s). Signature of authorised person			
X		X			
Full name		Full name			
Office held (Director/Secretary)		Office held (Director/Secretary)			
Date		Date			
Date / /		Date / /			

<sup>\*</sup> 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.