



NAB Margin Loan Request for direct credit

Please complete Application form in full in black or blue pen using CAPITAL LETTERS and **X** where appropriate.

Send to: NAB Equity Lending
PO Box 5350
Melbourne VIC 3001

or fax to: 1300 739 923
or email to: equity.lending@nab.com.au

Attention
NAB Equity Lending contact name

Facility Details

Client/Facility name

Facility number

Direct Credit Request

Complete this section if you would like NAB Equity Lending to credit your bank account on request for an advance.

I/We acknowledge that National Australia Bank Limited may refuse to make an advance if:

- The advance will put my/our Facility in a margin call position or cause the secured value of the secured property to fall below 100% of the secured liabilities; or
- The amount requested is less than \$2,000; or
- The advance will cause me/us to exceed my/our Facility limit; or
- The applicant is an individual and National Australia Bank is not satisfied that the proceeds of the advance will not be used for a Code Purpose (as that expression is defined in the Facility Terms).

Name and address of financial institution at which account is held

(Note: the bank account must be held in the borrower's name and if the bank account is at an institution other than NAB please include a copy of a statement showing the account name and details)

Name of financial Institution

Details of account to be credited

Name of account

BSB number

Account number

Client confirmation

I/We confirm that the proceeds of any advance made on this facility will not be used for a Code Purpose (as that expression is defined in the Facility Terms)

Yes No

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.

NAB recommends that you seek independent legal, tax and financial advice on the suitability of the Facility (including a product if relevant) for you.

Individual/Joint

Signature – first applicant

Signature – second applicant

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

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.