



NAB Margin Loan Request for direct debit/credit

Please use blue or black pen and write in BLOCK LETTERS

Send to: NAB Equity Lending or fax to: 1300 739 923
PO Box 5350
Melbourne Vic 3001 or email to: equity.lending@nab.com.au

Attention
NAB Equity Lending contact name

Facility details

Client/Facility name

Facility number

Part A – Direct debit request

Please read the Direct Debit Request Service Agreement contained in the NAB Equity Lending Facility Terms before completing this request.

I/We request and authorise National Australia Bank Limited (the User) (User ID number 153106) to arrange for any amount National Australia Bank Limited may debit or charge me/us under NAB Equity Lending Facility Terms in respect of interest charges and other fees and charges or for monthly loan repayments to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and condition of the Direct Debit Service Agreement and the instructions provided by me/us below.

Financial institution details

Name of financial institution

Address of financial institution

State

Postcode

Details of account to be debited

Name of account

BSB number

Account number

Debit Payment Type

You can choose to have any combination or all of the debit payments listed below:

- Interest payment(s) and other fees and charges
- Monthly loan repayment of \$_____ (This amount will be deducted on the 10th day of the month)
- Instalment gearing

Acknowledgment

Before signing this Direct Debit Request you should read and understand the terms and conditions governing the direct debit arrangement between you and National Australia Bank Limited as set out in the Direct Debit Request Service Agreement in the NAB Equity Lending Facility Terms.

Declaration

By signing this Direct Debit Request I/we declare that:

- this Direct Debit Request authorises National Australia Bank Limited to instruct the financial institution to debit the account (as described above) on my/our behalf;
- all information given to National Australia Bank Limited is accurate and not misleading and that I/we are aware that National Australia Bank Limited is relying on it; and
- I/we will not alter the direct debit arrangements (including closing or changing the account described above) set out in this Direct Debit Request without notifying National Australia Bank Limited at least 14 days prior to the next debit day due date.

Part B – 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)

Name of financial institution

Details of account to be credited

Name of account

BSB number

Account number

Part C – Dividend Instructions (optional)

- Credit to Margin Loan
- Credit to Nominated Account (complete Part B)

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.