



Financial adviser/broker authority

Please use blue or black pen and write in BLOCK LETTERS

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

or Fax to: **1300 739 923**

Attention
NAB Equity Lending contact name

Facility details

Client/Facility name

Facility number

Financial adviser/broker authority

Please tick the appropriate box:

Financial adviser: I/We authorise the National Australia Bank Limited to take instructions from the financial adviser whose name appears below on my/our behalf.

Please remove my previous nominated financial adviser Yes No

Broker: I/We authorise the broker whose name appears below to request National Australia Bank Limited to provide funds, stocks or managed fund investments (in accordance with Clause 56.2 of NAB Equity Lending Facility Terms) to enable National Australia Bank Limited to settle transactions undertaken by the broker on my/our behalf.

Please remove my previous nominated broker Yes No

Contact details

Adviser/Broker name

Licensed dealer group (if applicable)

Company name

Address

State

Postcode

Telephone number

Facsimile number

Mobile number

Email address

Trading account number (if applicable)

Adviser/Broker stamp

I/We permit our nominated adviser/broker to access our Facility details via the internet.

Yes No

I/We permit our nominated adviser/broker to receive a regular statement of our Facility.

Yes No

I/We permit our nominated adviser/broker to receive notification of a margin call on my/our behalf.

Yes No

If you permit your nominated adviser/broker to receive a notification of a margin call on your behalf, you are required to complete further documentation before this can occur. We will forward this documentation to you and your nominated adviser/broker.

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.

Individual/Joint

Signature – first applicant

Full name

Date

Signature – second applicant

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

Full name

Office held (Director/Secretary)

Date

Signature of authorised person

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.