

Direct Margin Lending Authorised Signatory Form



St. George Bank - A Division of Westpac Banking Corporation ABN 33 007 457 141 AFSL 233714

Complete this form to give a person other than your Adviser the authority to act on your existing margin lending facility in all matters as if they were you, or, if you wish to change/revoke this authority.

Note: An Authorised Signatory does not have the authority to transfer Securities on your behalf.

Section 1 Borrower(s) Details	Name of borrower(s) on the Direct Margin Lending Facility	<input type="text"/>
	Borrower(s) Client Reference Number	<input type="text"/>

Section 2 Authorised Signatory Request	I/We request you to <i>(Please tick (✓) one)</i>	
	<input type="checkbox"/>	Add an Authorised Signatory to my/our margin loan account
	<input type="checkbox"/>	Change the Authorised Signatory on my/our margin loan account
	<input type="checkbox"/>	Remove the existing Authorised Signatory from my/our margin loan account

Section 3 Existing Authorised Signatory Details <i>(if any)</i>	Name of Authorised Signatory	<input type="text"/>
	Relationship to borrower(s)	<input type="text"/>

Section 4 New Authorised Signatory Details	Please provide us with a copy of the authorised signatory's identification as per the Proof of Identity Requirements.		
	Name of authorised signatory		
	Title	Surname	Given name(s) in full
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Date of birth		
	<input type="text"/> / <input type="text"/> / <input type="text"/>		
	Residential address (P.O. Box not accepted)		
	<input type="text"/>		
	Suburb	State	Postcode
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>		
Phone Number	Fax Number	Mobile Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email address		Relationship to borrower(s)	
<input type="text"/>		<input type="text"/>	

I confirm that the details provided are true and correct.

Signature of authorised signatory	Date
<input type="text"/>	<input type="text"/>

For more than one authorised signatory, please attach an additional sheet to your application.

Proof of Identity Requirements

Select ONE valid option from this section only		
The identification provided must contain the individual's full name and either residential address (not PO Box) and/or date of birth	Australian State / Territory driver's licence containing a photograph of the person	<input type="checkbox"/>
	Australian passport (a passport that has expired within the preceding 2 years is acceptable)	<input type="checkbox"/>
	Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person	<input type="checkbox"/>
	Foreign passport or similar travel document containing a photograph and the signature of the person*	<input type="checkbox"/>
*Documents that are written in a language other than English must be accompanied by an English translation prepared by an accredited translator. If you are unable to provide one of the forms of identification detailed above, please contact our Client Service Team on 1300 300 128 for further options.		

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Section 5 Declaration and Signing

I/We authorise the person(s) identified as the New Authorised Signatory in Section 4 to act on my/our behalf in relation to the my/our margin lending facility.

I/We authorise the revocation and/or changes to my/our existing Authorised Signatory as identified in this form.

First Borrower

Print full name

Signature

Date

____ / ____ / ____

Second Borrower

Print full name

Signature

Date

____ / ____ / ____

Company Borrower or Company Trustee

In all cases, either two directors, one director and one secretary or the sole director/secretary must sign.

Company Director

Print full name

Office Held

Signature

Date

____ / ____ / ____

Company Director/Secretary (if applicable)

Print full name

Office Held

Signature

Date

____ / ____ / ____

Please send the completed form and photocopies of relevant required identification to:
Direct Margin Lending
Reply Paid 1467
Royal Exchange NSW 1224
or fax to 1300 768 894
or International +61 2 9995 8280

Office Use Only

Actioned By

Date

____ / ____ / ____

Reviewed By

Date

____ / ____ / ____