

Direct Margin Lending Drawdown Request



St. George Bank Limited ABN 92 055 513 070 AFS Licence No. 240997

Complete this form to withdraw funds from your Direct Margin Loan.

All loan advance requests must be received by 11am (Sydney Time) Monday to Friday, for funds to be available the following business day.

Section 1 Borrower's Details

Name of borrower(s) on the Direct Margin Lending Facility

Borrower(s) Client Reference Number

Section 2 Loan Drawdown Details

Loan Drawdown amount

\$ _____

Please complete one of the following two options

Pay to account – give details below

Name of financial institution

Branch name

BSB number

Account number

Account name

OR

Pay by cheque – give details below

Name of payee

Address

Postcode

Section 3 Declaration

I/We confirm that the above details are true and correct and request you to withdraw funds from my/our Direct Margin Loan.

Borrower/Trustee 1 Signature

Borrower/Trustee 2 Signature

Date

____ / ____ / ____

Date

____ / ____ / ____

Third party security provider 1 Signature

Third party security provider 2 Signature

Date

____ / ____ / ____

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 Directory signature

Company Director/Secretary signature (if applicable)

Date

____ / ____ / ____

Date

____ / ____ / ____

Please send the completed form to:

Direct Margin Lending

Reply Paid 1467

Royal Exchange NSW 1224

or fax to 1300 768 894

or International +61 2 9995 8280