

# Direct Margin Lending Nominated Adviser Form



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

Complete this form to add/change or remove an adviser on your current margin loan facility.

## Section 1 Name of borrower(s) on the Direct Margin Lending Facility

Borrower(s)

\_\_\_\_\_

Details

Borrower(s) Client Reference Number

\_\_\_\_\_

## Section 2 I/We request you to (please tick (✓) one)

Adviser Request

Add an adviser to my/our margin loan account

Change the adviser on my/our margin loan account

Remove the existing adviser from my/our margin loan account.

## Section 3 (if any)

Existing Adviser

Details

Name of adviser

\_\_\_\_\_

AFS licensee name

\_\_\_\_\_

AFS Licence No.

\_\_\_\_\_

Dealer group

\_\_\_\_\_

## Section 4

New Adviser

Details

Title

\_\_\_\_\_

Surname

\_\_\_\_\_

Given name(s) in full

\_\_\_\_\_

Adviser company

\_\_\_\_\_

AFS Licence No.

\_\_\_\_\_

Dealer group

\_\_\_\_\_

ABN

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

Suburb

\_\_\_\_\_

State

\_\_\_\_\_

Postcode

\_\_\_\_\_

Country

\_\_\_\_\_

Home Phone Number

( ) \_\_\_\_\_

Work Phone Number

( ) \_\_\_\_\_

Fax Number

( ) \_\_\_\_\_

Email Address

\_\_\_\_\_

Mobile Phone Number

\_\_\_\_\_

## Section 5 Would you like a copy of your margin lending statement sent to your adviser?

Statements

Yes

No

## Section 6 Borrower

Authorised

Signatory

Would you like your adviser to be your authorised signatory?

If no selection is made, statements will not be sent to your adviser.

Yes > Your adviser must complete the rest of this section

By saying "Yes", you give your adviser the authority to act on your margin lending facility in all matters as if they were you. You must notify us immediately if you wish to revoke this authority at any time.

No > Skip to Declaration and Signing

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## Section 6 Adviser

Authorised Signatory (continued)

Have you, the adviser, already provided Direct Margin Lending your Proof of Identity?

By saying "Yes", you give your adviser the authority to act on your margin lending facility in all matters as if they were you. You must notify us immediately if you wish to revoke this authority.

Yes > Skip to Section 7

No > Please complete the below details

Please provide us with a copy of the adviser's identification as per the Proof of Identity Requirements as stated below.

Date of birth

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Residential Address - P.O. Box not accepted

\_\_\_\_\_

Suburb

\_\_\_\_\_

State

\_\_\_\_\_

Postcode

\_\_\_\_\_

Country

\_\_\_\_\_

## 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.

## Section 7 Declaration and Signing

I/We authorise the person(s) identified as the New Adviser 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

\_\_\_\_\_

Second Borrower  
Print Full Name

\_\_\_\_\_

Signature

**X**

Signature

**X**

Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Direct Margin Lending Nominated Adviser Form



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## Section 7 Company Borrower

**Declaration and Signing (continued)** 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

X

Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Adviser's Signature

X

Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Adviser's Stamp (including AFS Licensee number)

\_\_\_\_\_

**Company director/Secretary (if applicable)**

Print Full Name

\_\_\_\_\_

Office held

\_\_\_\_\_

Signature

X

Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_



Please send the completed form and photocopies of relevant required identification to:

Direct Margin Lending  
Reply Paid 1842  
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

\_\_\_\_ / \_\_\_\_ / \_\_\_\_