

# Adviser/Broker 'Margin Lending Online Service' Registration



To view your client's facilities online, please complete this form.

Please use black ink and BLOCK letters.

This registration form will only be valid upon receipt of your client's registration forms giving consent for access to their facility. Alternatively, you may attach written consent from your clients to this registration form.

**Adviser Name**     Mr     Mrs     Miss     Ms     Dr    Other

First Name(s)

Surname

**Adviser Company Name**

**Dealer Group Name**

**Dealer Group Mailing Address** (your FAC and password will be sent to this address)

Address

Suburb/Town     State     Postcode

**Dealer Group Contact Numbers**

Business Hours    (   )

Fax Number    (   )

**Dealer Group Email**

**Facility Details**

Please list the facilities you would like to view on Margin Lending Online Service.  
If you require more space, please attach an additional page.

Facility Name
<input type="text"/>
<input type="text"/>
<input type="text"/>

Facility Number
<input type="text"/>
<input type="text"/>
<input type="text"/>

## Registration Details

Please tick one box only

I **do not** have an existing FAC and password

I **do** have an existing FAC and password and would like to link the above facilities to Margin Lending Online Service using my existing FAC

Please provide your existing FAC

If you would like authority to transact on behalf of your clients, please complete the Nominate a Financial Adviser (Adviser Authority) form in conjunction with your clients.

## Acknowledgements

I acknowledge that I have received, read and agree to the Margin Lending Online Service terms and conditions.

Adviser/ Broker Signature

Please Print Name

Date

If you would like an employee to also have access, they will need to complete the following section.

## Employee to complete

Employee Name

 Mr  Mrs  Miss  Ms  Dr  Other 

First Name(s)

Surname

## Registration Details

Please tick one box only

I **do not** have an existing FAC and password

I **do** have an existing FAC and password and would like to link the above facilities to Margin Lending Online Service using my existing FAC

Please provide your existing FAC

Employee Signature

Please Print Name

Date

Please complete and return to:

Bank of Queensland Margin Lending  
GPO Box 5388, SYDNEY NSW 2001

Fax: 02 8282 8383

BQ25 10/09

If you require any assistance, please contact our Client Service Team on 1300 78 37 09 or email [boq@marginlending.com](mailto:boq@marginlending.com)