

## Client 'Leverage Online' Registration

To access your facility online, please complete this form.  Please note: FACs are issued to individual Borrowers. If you have a joint account, each Borrower will need to complete an individual registration form.  Please use black ink and BLOCK letters.			
Client Name			
Date of Birth / /			
Mailing Address			
(Your FAC and password will be sent to this address)			
Address			
Suburb/Town  Country (if not Australia)			
Contact Number(s)			
Business Hours ( )			
After Hours ( )			
Fax Number  Mobile			
Email Address			
Facility Details  Please list the facilities you would like to view on Leverage Online. If you require more space, please attach an additional page.			
Facility Name Facility Number			

Registration Details		
Please mark [x] in one (1) 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 Leverage Online using my existing FAC		
Please provide your existing FAC		
All parties to those facilities listed must sign this application form.		
Borrower 1/Director 1/Sole Director	Borrower 2/Director 2/Secretary	
Print full name	Print full name	
Signature	Signature	
Date / /	Date / /	
Refer to terms and conditions in the Margin Loan Product Guid	de for information on Online Services.	

Please complete and return to:

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