## **ORD MINNETT**

## Nominate an Authorised Person

To appoint an Authorised Person to your Margin Loan Facility, please complete this form.  Please use black ink, BLOCK letters and mark [x] in the appropriate boxes.		
Facility Name		
Facility Number		
Authorised Person Deta	ails	
Title		
First Name		
Middle Name		
Surname		
Other Names Known By		
Relationship to Borrower		
Driver's Licence or Passport Number		
Occupation		
Date of Birth		
Residential Address		
Address		
Controlle	Chata Dantarda	
Suburb  Country (if not Australia)	State Postcode Postcode	
obunity (ii nochabitana)		

Contact Details			
Work Phone			
Home Phone			
Mobile			
Fax Number			
Email Address			
Existing Facility Access Code (FAC)			
Please mark [x] in this	box if you want a FAC issued to the Authorised Person.		
Verification and Identifi	ication		
Original certified identifi	ication documents as per below:		
Primary documents (No	ote: photograph must be clear)		
<ul> <li>Australian Driver's L</li> </ul>	Licence (Foreign acceptable if non-resident)		
<ul> <li>Australian Passport</li> </ul>	t (Foreign acceptable if non-resident)		
State or Territory is:	sued Proof of Age card.		
Pension Card issued by Centrelink			
If the primary document DOES NOT have both a photo and your current residential address, you must ALSO supply ONE secondary document containing your current residential address.			
Secondary identification	on documents		
	ords the provision of benefits to the individual which has been issued by Commonwealth, ithin the preceding 12 months and contains the name and residential address of the individual.		
A notice issued by t	the Australian Taxation Office within the preceding 12 months.		
<ul> <li>A notice which is issued by a local government body or utilities provider within the previous 3 months that records the provision of services to that person at that address.</li> </ul>			
OR			
Photocopy of driver's lic	ence or passport		
AND any one of the following	ş. 		
Completed Bank @ Pos	t™ Identification Check including certified copies of identification documents		
Existing verified Facility	with the Lender		
Facility Name			
Facility Number			

## **Acknowledgements**

- 1. I/We hereby give the Lender, the Nominee or the Sponsor of investments held in relation to my/our Margin Loan Facility notice that the person named (the "Authorised Person") is authorised to give instructions, receive Notices (excluding Margin Call notices) and do anything else that I/we am/are entitled to do in relation under the Agreement.
- 2. All instructions from an Authorised Person must be in writing (including by facsimile transmission), bearing the signature of the Authorised Person, unless the Lender, Custodian or Nominee determines in its absolute discretion that any other method is acceptable to it. All parties to my/our Margin Loan Facility are bound by anything the Lender, a Custodian or Nominee does relying on instructions received from an Authorised Person or which appear to have been received from an Authorised Person.
- 3. The Lender, Custodian and Nominee may refuse to accept instructions from an Authorised Person where in its absolute discretion it determines that it wishes to receive instructions from me/us or another party to my/our Margin Loan Facility.
- 4. If Lender, Custodian or Nominee gives any notice (excluding Margin Call notices) to an Authorised Person, then I/we or other parties to the Margin Loan Facility as appropriate will be deemed to receive such notice notwithstanding that I/we or other parties may not actually receive, read or listen to such notice.
- 5. The Lender, Custodian and Nominee may accept instructions from an Authorised Person until such time as the Lender receives written notice from me/us that this is no longer the case. If you nominate a person in their professional capacity, they will remain as an Authorised person, even if they leave or change firms until you provide written notice to cancel their appointment.

Authorised Person  Print full name  Signature	
Date / /	
Borrower(s)	
Borrower 1/Director 1/Sole Director  Print full name	Borrower 2/Director 2/Secretary  Print full name
Signature	Signature

Please complete and return to:

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Ord Minnett Margin Lending GPO Box 5388, SYDNEY NSW 2001