

# Refinance In Request

Please use black ink, BLOCK letters and mark [x] in the appropriate boxes.

**Facility Name**

**Facility Number**

**Please note:** If you do not have an existing Margin Loan, please complete a Margin Loan Application.

### Details of account with other margin loan provider

Account Name

Account Number

Margin Loan Provider

Other Name known by

Contact Phone Number (  )

### Options for refinancing

(Please mark an [x] in the appropriate section(s) below)

Full refinance - please note the entire margin lending portfolio will be transferred to the Lender. The HIN will be transferred to the Lender where applicable.

Partial refinance - please indicate the security code, security name and number of units you wish to refinance below:

Security code/Security name	Number of Shares
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Internal refinance from another margin loan facility with the Lender.

## Guarantor on existing loan to be refinanced in

Please indicate if there is a/are Guarantor(s) on your existing margin loan

YES

NO

If yes, what name is the HIN held in:

  
  

## Acknowledgement

I/We authorise the Lender to refinance my existing margin loan from named margin loan provider in this request.

### Borrower 1/Director 1/Sole Director

Print full name

  

Signature

Date

 /  / 

### Borrower 2/Director 2/Secretary

Print full name

  

Signature

Date

 /  / 

### Guarantor 1/Director 1/Sole Director

Print full name

  

Signature

Date

 /  / 

### Guarantor 2/Director 2/Secretary

Print full name

  

Signature

Date

 /  / 

**Please complete and return to:**

Ord Minnett Margin Lending  
GPO Box 5388, SYDNEY NSW 2001

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S32396-ORD (01/23)

**If you require any assistance, please contact the Customer Service Team on 02 8282 8251 or email [customerservice@leveraged.com.au](mailto:customerservice@leveraged.com.au)**