



Please fill in this form if you would like to authorise a third party to act on your behalf in relation to your ANZ Share Investment Loan (typically a financial adviser or broker).

1. CLIENT DETAILS

Client Account Number

Client/Director/Trustee 1

Title

 Mr Mrs Ms Miss Dr Other

First Name

Surname

Company/Trust Name

Client/Director/Trustee 2

Title

 Mr Mrs Ms Miss Dr Other

First Name

Surname

ACN/ABN number (if applicable)

2. YOUR AUTHORISED REPRESENTATIVE

An Authorised Representative will be authorised to issue instructions to the Bank on your behalf over a range of transactions. The Bank will contact this person for instructions in relation to your ANZ Share Investment Loan in the event that you are uncontactable.

- I nominate my ANZ Financial Adviser as my Authorised Representative – proceed to have Adviser and Borrower(s) sign below or
- I nominate another party as my Authorised Representative – complete details below, including signature of both the Authorised Representative and Borrower(s)

3. AUTHORISED REPRESENTATIVE DETAILS

Is your Authorised Representative an existing ANZ customer?

 Yes

Name

BSB

 -

Account number

- No. Please provide details below. (Customer identification is required. Please refer to page 12 of the ANZ Investment Lending Application Form for details.)

Title

 Mr Mrs Ms Miss Dr Other

First Name

Surname

Address

Suburb

State

Postcode

Business Name

Home Phone Number

Work Phone Number

Mobile Phone Number

Email Address (mandatory)



By signing this form you are authorising the Bank to accept instructions from your Authorised Representative on your behalf for the following:

- General transaction requests relating to margin calls and corporate actions.
- Cash transfers between nominated bank accounts.
- Fixing loans

Your Authorised Representative is only able to request a fund transfer to a nominated bank account.

4. AUTHORISATION (ALL SIGNATORIES MUST SIGN)

- I/We acknowledge that by signing this application form and return it to ANZ Investment Lending, I/we authorise the Bank to act on any instruction given to it by the Authorised Representative (or any of their employees, agents or representatives) that I/we have nominated in respect of the transaction types that I/we have consented to above.
- I/We acknowledge that the Bank may verify instructions or obtain additional information by contacting anyone or more of the persons that I/we have authorised for this purpose, but is not obliged to.
- I/We acknowledge that ANZ Investment Lending will continue to act on requests and instructions from my Authorised Representatives until I/we revoke my/our consent.

Client/Director/Trustee 1 Name

Client/Director/Trustee 1 Signature

Date

Client/Director/Trustee 2 Name


Client/Director/Trustee 2 Signature


Date


Authorised Representative Signature

Date

Complete and return this form to:

 **Mail:** ANZ Investment Lending, Reply Paid 4338, Melbourne, VIC, 8060 (no stamp required)

 **Phone:** 1800 639 330, 8am to 6pm AEST ASX trading days

 **Fax:** 1800 186 286