



Client Credit Limit Increase Form

CLIENT DETAILS

Account Name:

Account Number:

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country:

Mailing Address (if different from above):

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country:

MAXIMUM LOAN FACILITY REQUESTED

(All applicants must complete this section. A \$75 credit limit increase fee applies.)

\$ Amount:

INDIVIDUAL or JOINT APPLICANTS (please sign here)

Name:

Name:

Signature:

Signature:

Date:

DAY	MONTH	YEAR			

Date:

DAY	MONTH	YEAR			

Please turn over

COMPANY APPLICANTS (please ensure that at least one Director also completes and signs the Guarantor section (section 18) of the Leveraged Equities Client Application Form)

Director Name: _____

Director Name: _____

Signature: _____

Signature: _____

Date:

DAY	MONTH	YEAR			

Date:

DAY	MONTH	YEAR			

TRUST APPLICANTS (please ensure the Trustees sign here)

Trustee Name: _____

Trustee Name: _____

Signature: _____

Signature: _____

Date:

DAY	MONTH	YEAR			

Date:

DAY	MONTH	YEAR			

Trustee Name: _____

Trustee Name: _____

Signature: _____

Signature: _____

Date:

DAY	MONTH	YEAR			

Date:

DAY	MONTH	YEAR			

SIGNED as a deed by the Guarantor(s) (Company Applicants or where Trustee is a company):

Guarantor Name: _____

Guarantor Name: _____

Signature: _____

Signature: _____

Date:

DAY	MONTH	YEAR			

Date:

DAY	MONTH	YEAR			

Occupation: _____

Occupation: _____

Address: _____

Address: _____

Address: _____

Address: _____

City/Town of Residence: _____

City/Town of Residence: _____

IN THE PRESENCE OF:

Full Name of Witness: _____

Full Name of Witness: _____

Signature: _____

Signature: _____

Date:

DAY	MONTH	YEAR			

Date:

DAY	MONTH	YEAR			

Occupation: _____

Occupation: _____

Address: _____

Address: _____

Address: _____

Address: _____

City/Town of Residence: _____

City/Town of Residence: _____