



## Residency Status

Are you an Australian resident for tax purposes?  Yes

If no, please specify your country of tax residence:

**If you have not previously provided your Tax File Number to us, please complete the Notification of TFN form.**

## Update Margin Call Notification Details

### Instructions

Only the Borrower can update Margin Call notification details on a Facility.

The Borrower must provide **at least one (1) preferred point of electronic contact** for Margin Calls that they personally monitor. Borrowers can provide up to three (3) preferred points of contact for Margin Calls. The Borrower can select an **email address**, a **mobile phone number** for an sms alert or a **facsimile number** as their preferred method for receiving notification of a Margin Call. The Lender will attempt to send a notice to all of the Borrower's preferred points of contact, but may also use other methods. The Borrower should not provide their Nominated Financial Adviser's contact details unless their adviser has agreed to act as a Margin Call Agent. A Margin Call will include personal information such as the Facility number and the shortfall amount.

	Contact Point (email, mobile for sms or fax only)	Name of person who will usually monitor this contact point
1		
2		
3		

## Acknowledgements

I/we consent for my/our details to be changed.

I/we acknowledge the Margin Call details provided in this form will override any Margin Call contact details the Lender currently has recorded for the Facility.

### Please note:

**Borrower(s) is/are required to sign when Margin Call Notification Details are updated and any of the address and contact details changed relate to the Borrower(s).**

**Guarantor(s) is/are required to sign when any of the address and contact details changed relate to the Guarantor(s).**

**If the change of address and contact detail applies to both borrower(s) and guarantor(s), both parties are required to sign below.**

### 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:**

Leveraged Equities  
GPO Box 5388, SYDNEY NSW 2001

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S32396-LE (12/10)

Fax: 02 8282 8383

**If you require any assistance, please contact our Client Service Team on 1300 307 807 or email [info@leveraged.com.au](mailto:info@leveraged.com.au)**