

Appendix B
Third Party
Security Provider
Application

margin lending

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Important Information on how to complete your St.George Margin Lending Third Party Security Provider Application



St. George Bank - A Division of Westpac Banking Corporation ABN 33 007 457 141 AFSL 233714

Complete this application when security for a St.George Margin Lending Facility is being provided by a person who is not the borrower (i.e. a "Third Party Security Provider").

If you have any questions, please contact the Account Management Team on 1300 304 065 (61 2 9236 3130).

Third Party Security Provider's Checklist

	Tick (✓) when complete
Read the St.George Margin Lending Terms and Conditions (version dated November 2008) in the brochure and satisfy yourself that you fully understand the implications of being a Third Party Security Provider for a Margin Lending Facility before you complete the relevant sections of this application.	<input type="checkbox"/>
Complete your Borrower Details in Section 1	<input type="checkbox"/>
Complete your Third Party Security Provider Details in Section 2 or 2.1	<input type="checkbox"/>
Read and satisfy yourself that you fully understand the Power of Attorney in Section 3	<input type="checkbox"/>
All Third Party Security Providers complete and date Section 4	<input type="checkbox"/>
To lodge security on the borrower's margin lending facility, please complete and attach relevant transfer forms found within the terms and conditions booklet or they can be downloaded from stgeorgemarginlending.com.au	<input type="checkbox"/>
Companies must attach a \$150 cheque for the company application fee made payable to St. George Margin Lending, if applicable. This fee is not refundable if the application is rejected or not pursued.	<input type="checkbox"/>
Tasmanian residents must have this Third Party Security Provider application registered with the Land Titles Office, located at Level 1, 134 Macquarie Street, Hobart TAS 7000, if applicable.	<input type="checkbox"/>

Proof of Identity Requirements

Individuals

Each individual third party security provider and/or each director of a company third party security provider must provide a photocopy of one form of personal identification as indicated below.

Select **ONE** valid option from this section only.

The identification provided must contain the individual's full name and either residential address (not PO Box) and/or date of birth.	Australian State/Territory driver's licence containing a photograph of the person.	<input type="checkbox"/>
	Australian passport (a passport that has expired within the preceding 2 years is acceptable).	<input type="checkbox"/>
	Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person.	<input type="checkbox"/>
	Foreign passport or similar travel document containing a photograph and the signature of the person*.	<input type="checkbox"/>

* Documents that are written in a language other than English must be accompanied by an English translation prepared by an accredited translator.

If you are unable to provide one of the forms of identification detailed above, please contact our Account Management Team on 1300 304 065 for further options.

Companies

Each Company Director must provide individual Proof of Identification. St.George Margin Lending will conduct an ASIC search once your application has been received as Proof of Identification for the Company.

IMPORTANT NOTES

- You should seek independent legal and financial advice on the effect of being a third party security provider before you sign this form.
- There are financial risks involved in signing this form (for example, there is the risk of losing any property that you provide as security for the facility).

Please send the completed form and photocopies of relevant required identification to:
St.George Margin Lending
 Reply Paid 1467
 Royal Exchange NSW 1224
 or fax to 61 2 9236 3093

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Section 1 Name of borrower(s) - if the Borrower is a Trust or Company please specify the Company or Trust name

Borrower
Details

Borrower's Client Reference Number (if known)

Section 2 First Individual Third Party Security Provider Third Party Security Provider Details (individual)

Title	Surname	Given name(s) in full
_____	_____	_____
Date of birth	Driver's licence number	Occupation
____ / ____ / ____	_____	_____

Residential address (P.O. Box not accepted)

Suburb State Postcode Country


Mailing address - write "as above" if the same as your residential address

Suburb State Postcode Country

Home phone number ()	Work phone number ()	Fax number ()
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Mobile phone number	Email address
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Holder Identification Number (HIN), if known. If HIN not known we will insert later on your behalf.

Privacy preference: Would you like the benefit of receiving information about products and services (which may be supplied by us, other members of the St. George Group or preferred providers) which we consider may be of value and interest to you?  Yes No

Please note if you have not ticked any boxes you will be taken to have said YES.

Second Individual Third Party Security Provider

Title	Surname	Given name(s) in full
_____	_____	_____
Date of birth	Driver's licence number	Occupation
____ / ____ / ____	_____	_____

Residential address (P.O. Box not accepted)

Suburb State Postcode Country


Mailing address - write "as above" if the same as your residential address

Suburb State Postcode Country

Home phone number ()	Work phone number ()	Fax number ()
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Mobile phone number	Email address
---------------------	---------------

Holder Identification Number (HIN), if known. If HIN not known we will insert later on your behalf.

Privacy preference: Would you like the benefit of receiving information about products and services (which may be supplied by us, other members of the St. George Group or preferred providers) which we consider may be of value and interest to you?  Yes No

Please note if you have not ticked any boxes you will be taken to have said YES.

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Section 2.1 Company acting as Third Party Security Provider

Third Party
Security
Provider
Details
(Company)

Full name of company ABN

Tick one:

- Australian Company - Public
 Australian Company - Private (also complete Section 2.2)

Registered Office address (P.O. Box not accepted)

Suburb State Postcode Country

Principal place of business address (P.O. Box not accepted)

Suburb State Postcode Country

Mailing address - write "as above" if the same as your registered office address

Suburb State Postcode Country

Name of contact person

Work phone number () Fax number () Mobile phone number

Email address

Holder Identification Number (HIN), if known. If HIN not known we will insert later on your behalf.

Important note: Company borrowers must attach a \$150 cheque for the company application fee made payable to St.George Margin Lending.

Company Director Details

Please list ALL Company Directors

Title Surname Given name(s) Date of Birth / /

Residential Address (P.O. Box not accepted)

Suburb State Postcode Country

Title Surname Given name(s) Date of Birth / /

Residential Address (P.O. Box not accepted)

Suburb State Postcode Country

Title Surname Given name(s) Date of Birth / /

Residential Address (P.O. Box not accepted)

Suburb State Postcode Country

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Section 2.1
Third Party
Security
Provider
Details
(Company)
(continued)

Title	Surname	Given name(s)	Date of Birth
			/ /
Residential Address (<i>P.O. Box not accepted</i>)			
Suburb	State	Postcode	Country

For more than four directors, please attach an additional sheet to your application.

Section 2.2
Private
Company
Details

Private Company Third Party Security Provider - Complete this section if you ticked private company above.
Provide details of each shareholder who owns 25% or more of the share capital.

Full name of Beneficial Owner 1

Address (*P.O. Box not accepted*)

Suburb	State	Postcode	Country
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Full name of Beneficial Owner 2

Address (*P.O. Box not accepted*)

Suburb	State	Postcode	Country
--------	-------	----------	---------

Full name of Beneficial Owner 3

Address (*P.O. Box not accepted*)

Suburb	State	Postcode	Country
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Full name of Beneficial Owner 4

Address (*P.O. Box not accepted*)

Suburb	State	Postcode	Country
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- Section 3** This section of the application comprises a deed, made on the day indicated in Section 4 by each signatory.
- Power of Attorney**
- 1 Appointment**
 - 1.1 You (being each Third Party Security Provider) appoint Westpac Banking Corporation, Value Nominees Pty Limited and each of their directors, secretaries and employees separately as your attorneys.
 - 1.2 You agree to formally approve anything an attorney does under this power of attorney. You declare that this power of attorney is given for valuable consideration and agree that you may not revoke the appointment.
 - 2 Power**
 - 2.1 An attorney may, in your name:
 - (a) do everything Westpac Banking Corporation or Value Nominees Pty Limited needs to execute and deliver for you the documents listed in Schedule 1; and
 - (b) do everything Westpac Banking Corporation or Value Nominees Pty Limited needs to execute and deliver for you any documents in connection with the documents referred to in Schedule 1; and
 - (c) do anything which you can do as owner of the “mortgaged property” (as defined in the Terms and Conditions), or anything which you can do in the transactions contemplated by the documents listed in Schedule 1; and
 - (d) stamp and register any of the documents listed in Schedule 1.
 - 3 Declaration**
 - 3.1 You declare that:
 - (a) anything Westpac Banking Corporation or Value Nominees Pty Limited does in exercising powers given to them under this power of attorney will be binding on you and anyone else as if you had done the acts yourself; and
 - (b) any person who deals with your attorneys in good faith, may accept as true a statement the attorney signs which says:
 - (i) an act of the attorney is a proper exercise of the powers under this power of attorney; and/or
 - (ii) this power of attorney has not been revoked.
 - 4 Indemnity**
 - 4.1 You agree to indemnify the attorneys against, and you must therefore pay the attorneys on demand for, loss or costs they suffer or incur in exercising powers under this power of attorney.
 - 4.2 You authorise the attorneys to exercise the powers under this power of attorney even if this involves a conflict of duty or the attorneys (or a person they know) have a personal interest in doing so.

SCHEDULE 1

Documents covered by this power of attorney:

1. Terms and Conditions between St.George Bank – A Division of Westpac Banking Corporation, any of its subsidiaries, you and anyone else who signs this application form or who is joined in the agreement, in whatever capacity.
2. Any instrument and any form dealing in any way or relating to the mortgaged property including transfers, exercises of options, redemption requests and any controlling participant arrangement in relation to uncertificated securities.
3. Any application for the issue of certificates under section 1070D of the Corporations Act.
4. Any appointment of a person to hold all or part of the mortgaged property for you as your nominee.

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Section 4 Declaration and Signing

Please consider the following carefully before you send us your application. By signing this application:

- You acknowledge having read the St.George Margin Lending Terms and Conditions (version dated November 2008) in the brochure, the Risk Disclosure Statement, the Power of Attorney conditions and Background on CHESS.
- You acknowledge understanding the risks of Margin Lending and your obligations if we accept your application.
- You acknowledge that the information provided to St.George in connection to this application is true and correct.
- You give our officers and us the power to enter into agreements which bind you and do other things on your behalf without referring to you, including to complete your HIN details in your Sponsorship Agreement.
- You acknowledge that you have read and understood the information under the heading Privacy Statement for personal information about individuals in the Terms and Conditions, and consent to the collection, use and disclosure of personal information in accordance with the Privacy Statement. Where you have provided information about another individual (such as an adviser), you declare that the individual has been made aware of the fact and the contents of the Privacy Statements.
- You acknowledge that if there is an event of default, there is the risk of losing any property that has been given as security for the facility.
- You acknowledge receiving a copy of the sponsorship agreement (contained in Part VIII of the Terms and Conditions) for your records.

Only sign this application if the above is satisfactory to you. If it is not, you must seek independent legal advice.

Signed, Sealed and Delivered as a Deed on

____ / ____ / ____



The date **MUST** be completed.

This section must be completed

First Third Party Security Provider

Print full name

Signature

X

Date

____ / ____ / ____

Second Third Party Security Provider

Print full name

Signature

X

Date

____ / ____ / ____

Witness - must not be third party security provider/borrower

Print full name

Signature

X

Date

____ / ____ / ____

Witness - must not be third party security provider/borrower

Print full name

Signature

X

Date

____ / ____ / ____

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**Company Third
Party Security
Provider**

In all cases, either two directors, one director and one secretary or the sole director/secretary must sign.

Please consider the following carefully before you send us your application. By signing this application:

- You acknowledge having read the St.George Margin Lending Terms and Conditions (version dated November 2008) in the brochure, the Risk Disclosure Statement, the Power of Attorney conditions and Background on CHESS.
- You acknowledge understanding the risks of Margin Lending and your obligations if we accept your application.
- You give our officers and us the power to enter into agreements which bind you and do other things on your behalf without referring to you, including to complete your HIN details in your Sponsorship Agreement.
- You acknowledge that you have read and understood the information under the heading Privacy Statement for personal information about individuals in the Terms and Conditions, and consent to the collection, use and disclosure of personal information in accordance with the Privacy Statement. Where you have provided information about another individual (such as an adviser), you declare that the individual has been made aware of the fact and the contents of the Privacy Statements.
- You acknowledge that the information provided to St.George in connection to this application is true and correct.
- You acknowledge that if there is an event of default, there is the risk of losing any property that has been given as security for the facility.
- You acknowledge receiving a copy of the sponsorship agreement (contained in Part VIII of the Terms and Conditions) for your records.

Only sign this application if the above is satisfactory to you. If it is not, you must seek independent legal advice.

Signed, Sealed and Delivered as a Deed on

____ / ____ / ____



The date MUST be completed.

Company Director

Print full name

Office held

Signature

X

Date

____ / ____ / ____

Witness - *must not be a third party security provider/
borrower*

Print full name

Signature

X

Date

____ / ____ / ____

Company Director/Secretary (if applicable)

Print full name

Office held

Signature

X

Date

____ / ____ / ____

Witness - *must not be a third party security provider/
borrower*

Print full name

Signature

X

Date

____ / ____ / ____

Common Seal (if applicable)

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