



# NAB Cash Manager Appointment of Authorised Representative

National Australia Bank Limited  
ABN 12 004 044 937  
AFSL 230686  
www.nab.com.au/adviser

Reply Paid Address: **National Australia Bank  
NAB Cash Manager  
Reply Paid 85956  
DOCKLANDS VIC 3008**

## Appointment of Authorised Representative

Applicants may appoint an Authorised Representative on the terms and conditions set out below. Please indicate if the company is a single director company. (An Authorised Representative will have all of the powers of an 'Authorised User' set out in the Cash Manager Terms and Conditions).

### Authorised Representative Terms and Conditions

- NAB may disclose to the Authorised Representative information relating to this application or any subsequent information relating to the account. Please note – this does not include TFN details.
- The applicant agrees, authorises and directs that the Authorised Representative shall be authorised to make deposits and withdrawals from the account, and take any action which is incidental to the making, holding or withdrawing of investments from the account for and on behalf of the applicant. In addition, the applicant agrees to ratify each action taken by the Authorised Representative, and the applicant agrees that they shall have no claim against NAB in relation to any transaction made in accordance with these Terms and Conditions, except to the extent of NAB's fraud, negligence or misconduct.
- NAB may vary these Authorised Representative Terms and Conditions or cancel the appointment of an Authorised Representative by providing notice in of the change to the applicant and the Authorised Representative in same way that that it may give notice set out in the NAB Cash Manager Terms and Conditions. NAB will give not less than 7 days' notice of a cancellation under this clause but may give less notice or no notice to manage an immediate and material risk.
- The applicant may cancel the appointment of the Authorised Representative at any time by providing written notice to NAB. The cancellation will not take effect until the written notice has been received by NAB, and until this time NAB, acting reasonably, shall be entitled to continue to act on any instructions provided by the authorised representative.
- The applicant indemnifies NAB against all loss, liabilities and costs incurred directly and indirectly as a result of the appointment of an Authorised Representative (including any action or payments authorised by the Authorised Representative), except to the extent that the loss, liabilities and costs are due to NAB's fraud, negligence or misconduct. The applicant agrees to pay NAB the amount of the indemnity promptly on demand.

**Please complete Application form in full in black or blue pen using CAPITAL LETTERS and  where appropriate.**

**Applicants must read the Terms and Conditions applicable before completing this form.**

### Accountholder details

Accountholder name

Account number (if known)

<input type="text"/>		State	Postcode
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Address

Telephone number

### Authorised Representative/s

Name

<input type="text"/>	<input type="text"/>
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Address

<input type="text"/>	State	Postcode	<input type="text"/>	State	Postcode
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Authorised Representative Signature

<input type="text" value="X"/>	<input type="text" value="X"/>
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OR: Name of company (please attach a list of signatories authorised by the company signed by two directors of the company)

### Operating Instructions

Please indicate any requirements for signing authorities. If no election is made we will assume that any of the signatories may sign solely.

By signing the below I/We agree:

- I/We have read the information I/we have provided on this application and state the information is complete and correct
- I/We have read these Authorised Representative Terms and Conditions set out above and have asked NAB or an independent legal advisor any questions I/we have about any term.

To be signed by Individual & Joint applicants in accordance with the current signing authority

Account Holder Signature

Account Holder Signature

Common Seal to be affixed in accordance with the Constitution of the Company

Date

Date

*(Please indicate if the company is a single director company)*

**Office use only**

Account Number

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