

If you have any questions please contact our Account Management Team on 1800 805 972 Intl 612 9236 3471, between 8am – 6pm Sydney time Monday to Friday.

Please complete this form to change your contact details with Suncorp Bank Margin Lending.

It is important to have the most up to date details in the event we need to contact you regarding your account, which we will do either via phone, post, SMS or email.

Section 1 Borrower's Details		<i>Please complete all details</i>
Name of Borrower 1 (or company/trust name)	Date of Birth (Individuals only)	
<input type="text"/>	<input type="text" value="DD / MM / YY"/>	
Name of Borrower 2	Date of Birth	
<input type="text"/>	<input type="text" value="DD / MM / YY"/>	
Borrower/s Client Reference Number		
<input type="text"/>		

Section 2 Your Details		<i>Please complete only those details that have changed</i>
Residential Address		
<input type="text" value="(PO BOX NOT ACCEPTABLE)"/>		
Suburb	State	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Postcode
		<input type="text"/>
By instructing us to change your mailing address, you authorise us to change your mailing address for your Margin Loan, Holder Identification Number (HIN), CHESS, Cash Management Trust Account (CMA), and Managed Fund Holdings, wherever applicable.		
Mailing Address (write 'as above' if the same as your residential address)		
<input type="text"/>		
Suburb	State	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Postcode
		<input type="text"/>
Home Phone Number	Work Phone Number	Mobile Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	Fax Number	
<input type="text"/>	<input type="text"/>	

Section 3 Authority	
I/we authorise Suncorp Bank Margin Lending to update my/our details.	
Borrower 1/Trustee 1/Director 1	Borrower 2/Trustee 2/Director 2 or Secretary
For Company or Company Trustee Borrowers, either two directors, one director and one secretary or the sole director/secretary must sign.	
Signature	Signature
<input type="text"/>	<input type="text"/>
Full Name	Full Name
<input type="text"/>	<input type="text"/>
Date	Date
<input type="text" value="DD / MM / YY"/>	<input type="text" value="DD / MM / YY"/>

Please send the completed form to:

Suncorp Bank Margin Lending PO Box R1877 Royal Exchange NSW 1225 OR Fax to 1300 305 499 Intl 612 9995 8227