

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 <i>(or company/trust name)</i>	Date of Birth <i>(Individuals only)</i>	
<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	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<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 <i>(write 'as above' if the same as your residential address)</i>			
<input type="text"/>			
Suburb	State	Country	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<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: Beneficial Owners		<i>Please complete only those details that have changed</i>	
BENEFICIAL OWNER: any individual who ultimately owns or controls (directly or indirectly) the entity.			
OWNS: means 25% or more direct or indirect ownership of the entity.			
CONTROL: Includes exercising control through the capacity to determine decisions about the customers financial and operating policies.			
Beneficial owners will be sent a privacy statement by Suncorp Bank and may be contacted to confirm beneficial ownership details.			
Provide the full name, residential address and date of birth (Beneficial owners details are not required if the Company/Trust customer has an existing bank account or loan with the Bank)			
Full Name	Date of Birth		
<input type="text"/>	<input type="text" value="DD / MM / YY"/>		
Address			
<input type="text" value="(PO BOX NOT ACCEPTABLE)"/>			
	State	Postcode	
Full Name	Date of Birth		
<input type="text"/>	<input type="text" value="DD / MM / YY"/>		
Address			
<input type="text" value="(PO BOX NOT ACCEPTABLE)"/>			
	State	Postcode	

Section 3: Beneficial Owners (continued)
Please complete only those details that have changed

Full Name		Date of Birth	
	<input type="text"/>		<input type="text" value="DD / MM / YY"/>

Address	<small>(PO BOX NOT ACCEPTABLE)</small>		
		State	
	<input type="text"/>		<input type="text" value="Postcode"/>

Full Name		Date of Birth	
	<input type="text"/>		<input type="text" value="DD / MM / YY"/>

Address	<small>(PO BOX NOT ACCEPTABLE)</small>		
		State	
	<input type="text"/>		<input type="text" value="Postcode"/>

Section 4 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