

## Macquarie Express Guarantee Amendment form

Macquarie Bank Limited ABN 46 008 583 542 AFSL and Australian Credit Licence 237502 (MBL).

#### Please consider these points before requesting an amendment to your Macquarie Express Guarantee

•	This form can be used to notify a change of name, a change of beneficiary details, refine the purpose description, change the
	guarantee amount and/or expiry date.
•	For all other requests, please get in touch with your Relationship Manager or call us on <b>1800 620 673</b> .

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#### Your application will take up to four business days to process once we've received the completed application.

#### Amend in 5 easy steps

Complete all required fields in this Amendment form and sign where indicated.

If signatories haven't been identified with MBL, complete the Individual and Sole Traders identification form found here.

Ensure you have your original Bank Guarantee available for exchange.

Return the following documents (as applicable):

- completed Amendment form
- either:
  - if you've previously been identified with MBL, provide a copy of your Photo ID so that we can verify your signature
  - if you haven't been identified with MBL, provide a completed *Individual and Sole Traders Identification* form and certified copy of your Photo ID
- original Bank Guarantee

either in person to your Relationship Manager or MBL branch, via email to **business@macquarie.com** or via post to **Client Administration, Macquarie Bank Limited, GPO Box 1515, Sydney NSW 2000**.

We will direct debit the additional Bank Guarantee amount (if applicable) from your nominated bank account. Please ensure ALL the below criteria are met:

- direct debits can be processed from your nominated bank account
- must have sufficient funds to cover the additional Bank Guarantee amount
- must provide a copy of bank statement issued within the last 12 months
- if you are funding the account yourself, the account must be held in the same name as your Bank Guarantee
- if a third party is funding the account, consent from the third party must be provided via a letter of authority

#### /! Sections marked with an \* asterisk are required.

### Account details

Bank guarantee number*:	
Client details*	
Client (legal name/capacity):	
Primary contact name:	
Contact phone number:	Email address:

/! For sections 2-4, only complete the necessary fields for the amendments you require.

### Change to client name

Your ABN/ACN/legal capacity must remain the same. Please call 1800 620 673 if you need to request a new Macquarie Express Guarantee for a different entity.

Client (legal name/capacity. This name will appear on the Bank Guarantee)

## 3

2

### Change to beneficiary details

Beneficiary (legal name/o	capacity. This nam	ne will appear o	n the Bank Gu	arantee)		 	
ABN/ACN (if applicable):							
Street address:							
Suburb:					State:	Postcode:	

# 4 Changes to Bank Guarantee

4.1 Bank guarant	ee return and delivery*			
🕂 Your original Ban	nk Guarantee will need to be ret	urned to us before we can is	ssue the amended	Bank Guarantee.
	my Bank Guarantee at an MBL bra ame time). Please indicate your pre			
Melbourne	Sydney 🗌 Brisbane		Preferred pick-up o	late / /
l'd like to have my ne	ew Bank Guarantee posted to the a	ddress below. Please indicate h	now you'll return your	original Bank Guarantee.
Attention to:				
Street address:				
Suburb:			State:	Postcode:
Country:				
I'll return my orig	ginal Bank Guarantee by post to the ginal Bank Guarantee in person to m Sydney Brisbane		MBL branch indicate	ed below:
4.2 Bank Guarant	tee changes ons that are applicable			
Guarantee descript	· ·	Guarantee amount		
Guarantee descript Please provide the exac	<b>tion</b> It wording of the bank guarantee d	lescription. This text will appea	ar in the Bank Guara	ntee document.
If you want to ch Guarantee applic	nange the <u>original</u> purpose of yo cation.	ur Bank Guarantee, you'll no	eed to submit a ne	w Macquarie Express

### Changes to Bank Guarantee (continued)

Guarantee expiry	
Until further notice (UFN) Expiry date	e: / /
Guarantee amount	
Decrease to	and refund the difference via Overnight bank transfer <b>&gt;</b> go to 4.3
Decrease to	and refund the difference via Bank Cheque <b>&gt; go to 4.4</b>
Increase to	and fund the difference via direct debit <b>&gt; go to 4.5</b>
4.3 Bank transfer details (if applica	ble)
Account name:	
BSB number:	Account number:
4.4 Bank cheque details	
Payee name:	
Receipt of cheque	
Collection by (name)	on / / after 11:30am OR after 2:30pm
from office in	dney Brisbane
Mail	
Attention to:	
Street address:	
Suburb:	State: Postcode:
Country:	
<b>4.5 Direct Debit Request</b> You request and authorise us, Macquarie Bank Guarantee amount specified in 4.2) from the F	Limited ABN 46 008 583 542 (User ID 077380), to debit the funds (the additional Bank unding Account specified below.

The direct debit will be made through the Bulk Electronic Clearing System Framework (BECS) from the Funding Account and will be subject to the Direct Debit Service Agreement, in the attached Terms and Conditions.

By signing this form and providing us with a valid instruction in respect to your Direct Debit Request you confirm that:

- you are authorised to operate the Funding Account,
- sufficient funds are available in the Funding Account, and
- you have understood and agreed to the terms of the Request and in the Direct Debit Service Agreement.

#### Provide the details of the bank account (Funding Account) for the funds to be debited from

Account name:		
BSB number:	Account numbe	:
Are you the accour	nt holder of the above Funding Account?	
	nat I am the account owner of the above ac ovide a copy of a bank statement for this	count and the account is held in the same name as the Client as per <b>account issued in the last 12 months</b>
OR		
with this Reques		er(s) of the above account for the funds to be debited in accordance <i>for this account issued in the last 12 months AND a letter of</i>

This form mus	t be signed by one of	the following:					
Two direct	ors or a director and a	a company secretary					
	. ,	mpany, the director/company	secretary				
	ps - any two partners I signatories as per th	e method of operation					
$\stackrel{\checkmark}{\longrightarrow}$ must be		riginal signature(s) - digital bank. If not identified, we'll ith certified ID.					orm
Signature 1:			Signature 2:				
_							
Date:	/ /	]	Date:	/	/		
	/ /		Date: Name:	/	/		
Name:	/ /		Name:		/		
Name:	/ /		Name:	, usly been ic			
I haven't be	een identified with ME and Sole Traders ident	ith MBL BL (please complete the <i>tification form</i> and provide	Name:	usly been ic een identifi and Sole Tra	ied with M	vith MBL BL (please complete the <i>ntification form</i> and prov	