



## Linked Account Nomination Form

Loan Account No.	
Surname G	iven Name(s)
Surname G	iven Name(s)
Nominated account to be linked to my loan	
Linked Account 1	Linked Account 2
Financial Institution	Financial Institution
Branch	Branch
Account Holders (or Account Title)	Account Holders (or Account Title)
BSB No. ACCOUNT No.	BSB No. ACCOUNT No.
Linked Account 3	Linked Account 4
Financial Institution	Financial Institution
Branch	Branch
Account Holders (or Account Title)	Account Holders (or Account Title)
BSB No. ACCOUNT No.	BSB No. ACCOUNT No.
Privacy Statement	
how You can access and correct Your personal information, and make a cor I/We authorise and request Columbus Capital Pty Limited ACN 119 531 25	Us on 1300 767 023. Our Privacy Statement also provides information about implaint.  2 trading as Origin Mortgage Management Services, Australian Credit Licence
Number 337303 to link my/our Account referred to in this Linked Account N	
Customer Signature  Home Contact No.	Customer Signature  Home Contact No.
Work Contact No.	Work Contact No.
Date / /	Date / /