

Bank Guarantee Claim Form

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

This form is to be completed by a beneficiary of a bank guarantee that wishes to make a payment claim under it.

Instructions:

1. Please complete all relevant sections of this form and sign in accordance with the Beneficiary's entity type.
2. Return the completed form and the following supporting documents via registered mail to:

Client Administration, Macquarie Bank Limited, GPO Box 2520, Sydney NSW 2000.

The original Bank Guarantee (if available)

For each signatory, a copy of their current photo ID which includes their signature (e.g. Australian Driver's Licence or passport)

Proof of the Beneficiary's ownership of the nominated bank account which meets the listed requirements.

For each authorised signatory (where applicable), proof of their authority to sign this form on behalf of the Beneficiary

Important: Please ensure that you keep a record of the tracking number of the registered mail and the bank guarantee number to check the progress of the claim.

For more information on bank guarantees including applications, amendments and cancellations, please visit <https://www.macquarie.com.au/bankguarantee>.

1. Beneficiary Details

Beneficiary:

The complete name of the Beneficiary as it appears on the original Bank Guarantee

ABN/ACN (if applicable):

In case the Bank needs to contact or mail you in relation to this form, please provide the following details:

Primary Contact Name:

Address:

Phone Number:

Email:

2. Bank Guarantee Return

Please select the option that applies to you:

I'm returning the original Bank Guarantee with this form.

I have lost, destroyed, or otherwise do not have the original Bank Guarantee.

By signing this form, I acknowledge that the obligations and liability of the Bank under the Bank Guarantee detailed below will immediately cease upon the Bank's payment of the Claim Amount (regardless of whether I have chosen a full, final, or partial claim), and I undertake to promptly return the original Bank Guarantee to the Bank for cancellation if it ever comes into my possession.

Please provide the details of the Bank Guarantee you would like to claim on:

Name of Client:

Guarantee Number:

Guarantee Amount (\$):

Issue Date:

3. Claim Amount and Payment Details

Claim Amount

Please indicate the amount that you want to claim under the Bank Guarantee by selecting the option that applies to you:

I would like to claim the **full or final amount** under the Bank Guarantee.

I would like to claim a **partial amount** of \$ _____ and I have no further need for a bank guarantee (i.e., a new bank guarantee will not be issued to you for any remaining guaranteed amount).

I would like to claim a **partial amount** of \$ _____ and I need a new bank guarantee to be issued for the remaining guaranteed amount

Important: This new bank guarantee will be mailed to the details set out in Section 1 of this form.

Payment Details

Please nominate the bank account that you want the claim payment to be deposited into:

Account name:

This account name must exactly match the complete name of the Beneficiary as it appears on the original Bank Guarantee.

BSB:

Account Number:



Supporting document requirement:

You must provide proof of the Beneficiary's ownership of this bank account via a bank document (e.g. a bank statement) which meets all the following requirements:

- It must be issued on the bank's letterhead.
- It must confirm the account name, BSB and account number provided above.
- The account name must exactly match the complete name of the Beneficiary as it appears on the original Bank Guarantee.
- It must be dated within the last 6 months of this form being signed.

4. Signatures

This form must contain a wet ink signature(s) – digital signatures are not accepted.

Additionally, this form must be signed in accordance with one of the following (as applicable to the Beneficiary entity type):

- Two directors or a director and a company secretary
- For a sole director/company secretary, the director/company secretary
- For a partnership, any two partners
- Authorised signatory/ies as per the attached supporting documentation.

Executed by the Beneficiary

Signature 1:

Full Name:

Title/Position:

Please state if you are signing as a Director, Company Secretary or authorised signatory (in which case, please also state your title/position)

Date:

Signature 2:

Full Name:

Title/Position:

Please state if you are signing as a Director, Company Secretary or authorised signatory (in which case, please also state your title/position)

Date:

Supporting document attached:

Copy of current photo ID which includes signatory's signature (e.g. Australian Driver's Licence or passport).

Proof of the authorised signatory's authority to sign on behalf of the Beneficiary (if applicable)

Supporting document attached:

Copy of current photo ID which includes signatory's signature (e.g. Australian Driver's Licence or passport).

Proof of the authorised signatory's authority to sign on behalf of the Beneficiary (if applicable)

Privacy Statement: Where we collect personal information (including in this form), we do so in order to carry out your instructions and to comply with applicable laws. For more information about how we handle personal information, please see our Macquarie Group Privacy Policy, which is available on our website.