

AUTHORITY TO DISCHARGE

PLEASE RETURN BY FAX OR POST TO
PO BOX 7216 CLOISTERS SQUARE, PERTH, WA, 6850

Our ref: (File #) _____

CONTACT: _____ Phone: _____ Fax: _____

Borrowers name(s): _____

Loan account #: _____ Lender: _____

I/We wish to arrange a Partial/Full discharge on the above loan account.

I/We request that you arrange discharge of the following property(ies):

1: _____

2: _____

in exchange for \$ _____ plus solicitors costs and credit funds to the following accounts.

Account Number	Amount	Close Account	If NO reduce limit to
_____	\$ _____	Yes/No	\$ _____
_____	\$ _____	Yes/No	\$ _____
_____	\$ _____	Yes/No	\$ _____

My/Our address for notices **after settlement** will be: _____

My/Our solicitor / settlement agent acting on my/our behalf is:

Company: _____

Address: _____

Contact name: _____ Phone: _____ Fax: _____

Anticipated settlement date: _____

My/Our reason for discharging the loan is: _____

I/We authorise the release of the above security and to:

clear or reduce my/our loans

be charged the applicable fees in accordance with the terms and conditions on my/our loan

Provide a payout figure to my solicitor/agent and to place a hold on my/our loan account, which will allow no further transactions.

Be charged the applicable fees if the lender needs to obtain a valuation of the remaining security property and Mortgage Insurer approval.

Pay all fees incurred by the Mortgage Manager, Lender or Solicitor should settlement be cancelled for any reason.

All borrowers must sign:

Date:

Print surname and initials:

_____	/ /	_____
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____

Please provide your contact name & number should we need to discuss this discharge:

Name _____ Phone: (H) _____ (W) _____

Fax: _____ Mobile: _____