

Authority to Discharge

Borrower name:

Loan number:

On the above mortgage loan account, I/we wish to arrange: a partial discharge a full discharge

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

In exchange for \$ being paid of the loan account.

The remaining security(ies) will be:

 Postcode:

My/Our address (including postcode) for notices after settlement will be:

 Postcode:

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

Company and address:

 Postcode:

Contact name:

Phone number:

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Fax number:

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Anticipated settlement date: / /

My/Our reason for discharging the loan is:

All borrowers must sign:

Date:

Surname and initials:

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**ONCE COMPLETED PLEASE RETURN TO ADELAIDE BANK, LOAN SERVICING DEPT,
GPO BOX 1048, ADELAIDE SA 5001 or FACSIMILE NO. (08) 8300 6854**