

Financial Institution (financing to)

Discharge Authority

ABN (if known)

Borrower Details

Borrower name(s) in full:

Name of borrower to be contacted:

Daytime contact phone number:

Mailing address for all Correspondence after Settlement:

State: Postcode:

Customer No. (if applicable)

Settlement Details

Settlement Date

Settlement location:

In the boxes below please specify the Loan/Facility(s) account number(s) and whether the Loan/Facility(s) is to be paid out in full. Loan/Facility account number

Is to be paid out in full Yes No If No, the desired amount to be paid is

Is to be paid out in full Yes No If No, the desired amount to be paid is

Is to be paid out in full Yes No If No, the desired amount to be paid is

*Please note: Additional documentation will be required for Partial discharge, and the customer will be contacted directly.

Certificate of Title reference:

Mortgage No.

Solicitor/Conveyancer/Refinance Agent

Company Name & Contact Name (in full):

Name of current Financial Institution:

Phone No.

Contact Name (if known):

Fax No.

Address of property(ies) being refinanced:

State: Postcode:

Address of property(ies) being refinanced:

State: Postcode:

Declaration Note: This declaration is to be signed by all the parties to the Loan/Facility(s), both borrowers and guarantors

I/We/The Company request that any surplus funds after settlement be placed in the following account: Bank

Account Name

BSB & Account No.

I/We/The Company:

- Understand that if any error has been made in calculating the settlement amount, that I/we/the Company is/are liable for any amount outstanding.
- Authorise the current Financial Institution specified above to provide (new FI) with any information they require about this account and to hand Loan/Facility(s) documentation to (new FI) upon settlement.
- Authorise the current Financial Institution to charge the applicable fees in accordance with the Terms & Conditions of my/our loan.

Full Name: (please print)

Borrower Guarantor

Signature:

Date:

Full Name: (please print)

Borrower Guarantor

Signature:

Date:

Full Name: (please print)

Borrower Guarantor

Signature:

Date:

Full Name: (please print)

Borrower Guarantor

Signature:

Date:

To be completed by Financial Institution refinancing this facility

Authorising Officer Manager's Name

Branch name

Date:

Authorising Officer / Manager to ensure form is fully completed and correct before forwarding onto current Financial Institution.