

- Discharge Authority -

Please email document to discharge@challenger.com.au or fax to (03) 9621 1440

Borrower Name (s) _____

Loan ID or Loan Number _____

Discharge Type

FULL Discharge PARTIAL Discharge Substitution/Internal
*please refer to Lending Services or Mortgage Mgr

Discharge Reason

Refinance Property Sale Other _____
*please attach Contract of Sale If Other, please specify reason

Security Property to be Discharged

1 _____
2 _____
3 _____
4 _____

Anticipated Settlement Date _____

dd/mm/yyyy

NOTE: minimum of 10 working days notification is required

Borrower Representative Contact Details for Discharge Settlement

Solicitor/Conveyancer Incoming Mortgagee Acting for Self
Please complete details below Please complete details below

Company _____
Contact Name _____
Telephone Number () _____ **Facsimile Number** () _____

Borrower Contact Details Post Discharge (for Final Statement and any Refunds)

Mailing Address _____
Telephone () _____ **Facsimile number** () _____
Email address _____
Banking details if refund applicable
Name of Account _____
BSB _____ **Account Number** _____

Borrowers Authority

_____ Surname	_____ Given Name/s	_____ Signature	_____ Date
_____ Surname	_____ Given Name/s	_____ Signature	_____ Date
_____ Surname	_____ Given Name/s	_____ Signature	_____ Date
_____ Surname	_____ Given Name/s	_____ Signature	_____ Date

Note: ALL borrowers must sign this Discharge Authority