

# Full Discharge Authority

Please email completed document to [cmmdischarges@challenger.com.au](mailto:cmmdischarges@challenger.com.au) or fax: 03 9621 1440

All sections must be completed.

<b>Borrower Name(s):</b>	
<b>Loan ID or Loan Number:</b>	

**Discharge Reason**

**Refinance** Incoming Mortgagee \_\_\_\_\_

**Property Sale** Anticipated Settlement date as per Contract of Sale \_\_\_\_/\_\_\_\_/\_\_\_\_  
Please attach a copy of the Contract of Sale

**Other**  
Please specify reason \_\_\_\_\_

**Security Property to be Discharged**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**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 ( ) \_\_\_\_\_ Facsimilie Number ( ) \_\_\_\_\_

**Borrower Contact Details Post Discharge (for Final Statement or Residual Payments)**

Mailing Address \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ Facsimilie Number ( ) \_\_\_\_\_

Email \_\_\_\_\_

Banking details (Residual Payments)

Name of account \_\_\_\_\_

BSB \_\_\_\_\_ Account Number \_\_\_\_\_

**Borrower's 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	/	/
_____	_____	_____	____	____	____

\* ALL borrowers must sign this Discharge Authority  
Completed Discharge Authorities will be actioned within 7 -10 Business Days.