



DISCHARGE REQUEST AND AUTHORITY AND DIRECTION

To: AFIG WHOLESALÉ _____

(Insert name & address of outgoing financier)

Fax number: 02 9216 3388 _____
(Insert fax number, if known)

Phone number: 1300 736 831 _____
(Insert phone number, if known)

Attention: Loan Maintenance _____
(Insert name of contact person, if known)

RE: Property: _____
(Insert property address)

Loan Account number: _____
(Insert account number, if known)

(Insert name of borrower)

(Insert name of borrower)

Hereby authorise(s) and direct(s) you to:

- Prepare discharge of mortgage for the above property.
- Advise payout figure for _____ (insert estimated settlement date).

X _____
Signature of Borrower

Date / /

X _____
Signature of Borrower

Date / /