

Discharge Authority Form



About this Discharge Authority Form

Columbus Capital requires that you provide us with authority to complete certain documents to discharge your loan. By agreeing to this you will enable us to complete all necessary documents.

PLEASE FAX THIS FORM TO COLUMBUS CAPITAL AT (02) 9273 8111

Discharge Date:

Originator Manager Details

Company:

Contact Name:

Telephone:

Fax:

Email:

Borrower Details

Borrower (1) Full name:

Borrower (2) Full name:

Contact Name:

Tel. No. ()

E-mail:

Fax:

Current Home Address:

Postcode:

Columbus Capital Loan Account to be closed: 1.

2.

Properties to be Released

Property (1)

Postcode

Property (2)

Postcode

Sale/Refinance/Substitution

Have you sold or are you refinancing with another lender?

Sold

Refinance

Nature of Discharge

Full

Partial

Security Property substitution

Yes

No

If Yes, please supply details of Incoming Security Property:

Borrowers Solicitor / New Lender Details

Company:

Contact Name:

Telephone:

Fax:

Email:

Signing the Authority

release a payout figure as instructed and to discharge the above security to clear/reduce my/our Columbus Capital loan(s) without further written authority from me/us. I/we acknowledge that this document is bound by the terms and conditions of our

Borrower 1

Borrower 2

Date:

Date: