ChoiceLend Pty Ltd ACN 135 459 326
Level 10, 101 Collins Street, Melbourne VIC 3000
Phone: 1300 144 554
Fax: 1300 401 684
Email: customercare@choicelend.com.au
Web: www.choicelend.com.au



## Discharge Authority All sections <u>must</u> be completed.

Full Discharge – Please email completed authority to discharge@advantedge.com.au or fax to <b>03 9621 1440</b>					
Partial Discharge – Please email completed authority to partial discharges@advantedge.com.au or fax to 03 9621 1440					
Borrower Name(s):					
Loan ID or Loan Number:					
	ontract of Sale Antic	ce  Other – please specify ipated Settlement date as per Cont			
Security Property to be D 1 2 3		If Partial Discharge, Secur 1 2 3			
Borrower Representative Contact Details for Discharge Settlement  Solicitor/Conveyancer Please complete details below  Company  Contact Name  Telephone Number ( ) Facsimile Number ( )					
Telephone Number ( )	Fa	acsimile Number ( )			
Borrower Contact Details Post Discharge (for Residual Payments only)  Mailing Address  Telephone Number ( ) Facsimile Number ( )					
Email					
Banking details (Residual Payment Name of account	s)				
BSB	Account Number _				
Where a discharge of security does Additional Valuation Fee if a valuation	not proceed, I/we acknowledge that on was arranged due to my/our initi ation Fee is payable upon the compl	tion Fees may apply which are payab : Advantedge Financial Services Pty Lt al request to discharge the security. V etion of the partial discharge, which	d may debit m Where the mat	ny/our ter is fo	loan with the or a partial
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 15 Business Days.
- \* This Discharge Authority is valid for 90 days from the date all borrowers sign.