

Authority to Discharge

Borrower name:

Loan number:

On the above mortgage loan account, I/we wish to arrange: ☐ a partial discharge ☐ a full discharge

I/We request that you arrange discharge of the following property(ies):

In exchange for \$ being paid of the loan account.

The remaining security(ies) will be:

Postcode:

My/Our address (including postcode) for notices after settlement will be:

Postcode:

My/Our settlement agent/solicitor acting on my/our behalf is:

Company and address:

Postcode:

Contact name:	Phone number:	Fax number:
<div></div>	(<div></div>) <div></div>	(<div></div>) <div></div>

Anticipated settlement date:

/ /

My/Our reason for discharging the loan is:

All borrowers must sign:	Date:	Surname and initials:
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ONCE COMPLETED PLEASE RETURN TO ADELAIDE BANK, LOAN SERVICING DEPT,
GPO BOX 1048, ADELAIDE SA 5001 or FACSIMILE NO. (08) 8300 6854