

FULL DISCHARGE AUTHORITY FORM

ATTENTION: DISCHARGES | FAX: (02) 9248 2312 | EMAIL: DISCHARGES@RESIMAC.COM.AU

LOAN NUMBER		PORTION(S)	
DATE	SENDER	FAX	EMAIL
BORROWER (1) FULL NAME		BORROWER (2) FULL NAME	
BORROWER (3) FULL NAME		BORROWER (4) FULL NAME	

SECURITY ADDRESSES

SECURITY 1
SECURITY 2
SECURITY 3
SECURITY 4

REASON FOR DISCHARGE (PLEASE TICK APPROPRIATE BOX)

SALE	REFINANCE	OTHER
<input type="checkbox"/> Re-Locating	<input type="checkbox"/> Interest Rate	<input type="checkbox"/> Repaid
<input type="checkbox"/> Investment Property	<input type="checkbox"/> Product Features	<input type="checkbox"/> Other Reason (not listed)
<input type="checkbox"/> Hardship	<input type="checkbox"/> Service	_____
<input type="checkbox"/> Purchase New Owner Occupied Property	<input type="checkbox"/> Staff Concession	_____
<input type="checkbox"/> Down Sizing	<input type="checkbox"/> Additional Borrowings	_____

SOLICITOR / CONVEYANCER DETAILS

CONTACT NAME:	COMPANY NAME:
POSTAL ADDRESS:	PHONE NUMBER:
FAX NUMBER:	EMAIL ADDRESS:
ESTIMATED SETTLEMENT DATE:	ORIGINATOR FEES (IF APPLICABLE):

DECLARATION

NAME IN PRINT (BORROWER 1)	NAME IN PRINT (BORROWER 2)	NAME IN PRINT (BORROWER 3)	NAME IN PRINT (BORROWER 4)
SIGNATURE	SIGNATURE	SIGNATURE	SIGNATURE
DATE	DATE	DATE	DATE

***NOTE: ON RECEIPT OF A COMPLETED FULL DISCHARGE AUTHORITY FORM, YOUR LOAN ACCESS CARD WILL BE SUSPENDED (IF APPLICABLE)**