

DISCHARGE AUTHORITY FORM

To: Iden Loan Services Pty Ltd

Fax to: (02) 8844 8970 or e-mail: customerservice@iden.com.au

Suite 2, Level 2, 20 Wentworth Street Parramatta NSW 2150



Customer name(s) (in full):

Residential address(es):

Security address(s) to be released:

For Partial Discharges Remaining security address(s):

Account number(s) to be paid out:

For Partial Discharges Remaining account number(s):

Cheque Book/VISA Card Collection applies ☐

Please post these to our office. *(Credit cards & chequebook are to be returned by borrower(s) as part of the discharge authority process approx 14 business days prior to settlement)*

Reason for discharge☐ Clearance from own sources☐ Refinance by (Details)☐ Sale of Security☐ Other reason (specify)Customer(s) nominated Solicitor

Firm Name:

Contact Name:

Address:

Contact Phone Number:

Contact Fax Number:

CERTIFICATION

1. I / We hereby request and direct you to act according to our written instruction which has been signed by all borrower(s); and
2. Credit cards and chequebook are being returned to Iden Group (if applicable)

All Customers must sign below

Signature

Full Name:

Signature

Full Name:

Signature

Full Name:

Signature

Full Name: