

## DISCHARGE AUTHORITY FORM

## ATTENTION: DISCHARGES (FAX: 1300 366 844)

Loan Number		Date	
Sender		Fax	
Email			
Applicant 1 Full Name			
Applicant 2 Full Name			
Applicant 3 Full Name			
Applicant 4 Full Name			
Discharge Type	<input type="checkbox"/> Full Discharge <input type="checkbox"/> Partial Discharge	Estimated Settlement Date	

## SECURITY PROPERTY/IES TO BE RELEASED

Security Property 1	
Security Property 2	
Security Property 3	

## REASON FOR DISCHARGE (PLEASE TICK APPROPRIATE BOX)

SALE	REFINANCE	OTHER
<input type="checkbox"/> Re-Locating	<input type="checkbox"/> Interest Rate	<input type="checkbox"/> Repaid using own funds
<input type="checkbox"/> Investment Property	<input type="checkbox"/> Product Features	<input type="checkbox"/> Other Reason (please provide reason):
<input type="checkbox"/> Hardship / Arrears	<input type="checkbox"/> Service	
<input type="checkbox"/> Purchasing New Owner Occupied Property	<input type="checkbox"/> Staff Concession	
<input type="checkbox"/> Down Sizing	<input type="checkbox"/> Additional Borrowings	

## NEW LENDER / SOLICITOR / CONVEYANCER DETAILS

Contact Name		Company Name	
Phone		Fax	
Postal Address			
Email			

## COMPLETED BY

Signature (Applicant 1)	Name in Print	Date
Signature (Applicant 2)	Name in Print	Date
Signature (Applicant 3)	Name in Print	Date
Signature (Applicant 4)	Name in Print	Date

Please direct any discharge related enquiries to: 1300 658 489.