

Bank of Sydney Ltd ABN 44 093 488 629 AFSL & Australian Credit Licence 243 444

## Authority to Discharge / Refinance Loan

1 Borrower Detail	S							
Borrower's name(s) in full:								
Name of borrower to be contacted:		Daytime contact   ( ) phone number:						
Mailing address for all		priorie numbor.						
correspondence after Settler	nent:	Postcode						
2 Settlement Details								
Settlement Date: (If known)	: 1		Settlen If kno	nent Location	on:			
In the box below please specify the Loan / Facility(s) account number(s) and whether the Loan / Facility(s) is to be paid out in full.								to be paid out in full.
Loan/Facility account number	•							
: : : : : :	is to be	e paid in full Yes 🔲 N	о 🗌	If no, the d	esired amount to	be pa	id is	\$
: : : : : :	is to be paid in full Yes No If no, the desired amount to be paid is \$					\$		
: : : : : :	is to b	e paid in full Yes N	lo 🗌	If no, the d	esired amount to	be pa	id is	\$
(1). Address of								
property(ies) being refinanced/discharged:		Postcode						
Certificate of Title reference:				Mortgage	No.			
Registered Owner:								
(2). Address of								
property(ies) being refinanced/discharged:	Postcode							
Certificate of Title reference:		Mortgage No.						
Registered Owner:								
(3). Address of property(ies) being								
refinanced/discharged:	Postcode							
Certificate of Title reference:				Mortgage	No.			
Registered Owner:								
PLEASE HAND ALL TITLES / DEEDS AND DOCUMENTS CONNECTED WITH THIS PROPERTY TO:								
Solicitor/Conveyancor/ Refinance Agent:								
Company Name & Contact Name (in full):		Company Name			Contact Name			Phone No.
Name of Current Financial Institution:					Phone number:	(	)	
Contact Name: (if known)					Fax number:	(	)	

I/We/The Company request that any surplus funds after settlement be place	ed in the following account: Bank						
Account Name: BSB & Account N	No. : : - : : : : : : : : :						
<ul> <li>I/We/The Company</li> <li>Understand that if any error has been made in calculating the settlement at outstanding.</li> <li>Authorise</li> </ul>	mount, that I/We/The Company is/are liable for any amoun						
	lew Financial Institution:						
require about this account/s and to hand Loan/facilitity(s) documentation to	upon settlement.  New Financial Institution:						
<ul> <li>Authorise the current financial institution to charge all the application fees in ac</li> <li>Understand that a Settlement Attendance Fee is payable in accordance with</li> </ul>	cordance with the Terms & Conditions of my/our loan.						
• Understand that a Discharge of Mortgage Fee is payable in accordance with the Terms & Conditions of my/our loan.							
<ul> <li>Understand that an Early Repayment Charge/ Deferred Establishment Fee may be applicable in accordance with the Terms &amp; Conditions of my/our loan.</li> </ul>							
Settlement Attendance Fee method of payment (if applicable) Please tick  Cash Surplus funds from settlement							
Transfer from BOS Account : : : : :							
Discharge of Mortgage Fee method of payment (if applicable) Please tick  Cash Surplus funds from settlement							
Transfer from BOS Account : : : : :							
I / We Request a Closure of the Account							
Disbursement of funds (if applicable) Please tick							
Credit BOS Account 9:4:2- : : : :	: : : : \$						
Credit Other Bank Account (please attach seperate TT form, fee applie	s, refer PDS) \$						
Issue Bank Cheque (Fee applies, refer to PDS) Payee:	\$ +B/Chq Fee						
Cash:	\$						
Declaration Note: This declaration is to be signed by all the paries to the Loan/Facility(s), both borrowers and guarantors.							
Full Name: (please print)	Borrower Guarantor						
Signature:	Date: :   :   : :						
Full Name: (please print)	Borrower Guarantor						
Signature:	Date: :   :   : :						
Full Name: (please print)	Borrower Guarantor						
Signature:	Date: : I : I : :						
Full Name: (please print)	Borrower Guarantor						
Signature:	Date: : I : I : : :						

BANK USE ONLY							
Signature(s) verified by:							
Print Name:	Signature:						
Authorising Officer/Manager to ensure form Mortgage Fee (if applicable) have been colle		Settlement Attendance Fee and/or Discharge of					
Authorising Officer/Manager's Name:	Branch Name:	Date:					
		: 1 : 1 : : :					
Additional Information/ Comments:							