

Authority to Discharge / Refinance Loan

1 Borrower Details

Borrower's name(s) in full:			
Name of borrower to be contacted:		Daytime contact phone number:	()
Mailing address for all correspondence after Settlement:			
	Postcode		

2 Settlement Details

Settlement Date: (If known)	: : : : :	Settlement Location: (If known)	
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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.

Loan/Facility account number

: : : : : : :	is to be paid in full	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, the desired amount to be paid is	\$
: : : : : : :	is to be paid in full	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, the desired amount to be paid is	\$
: : : : : : :	is to be paid in full	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, the desired amount to be paid is	\$

(1). Address of property(ies) being refinanced/discharged:			
	Postcode		

Certificate of Title reference:		Mortgage No.	
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Registered Owner:	
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(2). Address of property(ies) being refinanced/discharged:			
	Postcode		

Certificate of Title reference:		Mortgage No.	
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Registered Owner:	
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(3). Address of property(ies) being refinanced/discharged:			
	Postcode		

Certificate of Title reference:		Mortgage No.	
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Registered Owner:	
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PLEASE HAND ALL TITLES / DEEDS AND DOCUMENTS CONNECTED WITH THIS PROPERTY TO:

Solicitor/Conveyancer/ 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:	()

BANK USE ONLY

Signature(s) verified by:

Print Name:

Signature:

Authorising Officer/Manager to ensure form is fully completed and correct and Settlement Attendance Fee and/or Discharge of Mortgage Fee (if applicable) have been collected before forwarding

Authorising Officer/Manager's Name:

Branch Name:

Date:

Additional Information/ Comments:
