

FULL DISCHARGE AUTHORITY FORM

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

LOAN NUMBER:

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:

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	

NEW LENDER / SOLICITOR / CONVEYANCER DETAILS

CONTACT NAME:

LENDER / SOLICITOR / CONVEYANCER COMPANY:

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)**