

## **Discharge Authority Form**

## **IMPORTANT NOTES:**

- 1. SECTIONS 1 TO 5 MUST BE COMPLETED IN ORDER FOR THIS FORM TO BE ACCEPTED.
- 2. ALL BORROWERS MUST SIGN THIS DISCHARGE FORM.
- 3. COMPLETED DISCHARGE AUTHORITIES WILL BE ACTIONED WITHIN 15 BUSINESS DAYS.
- 4. THIS DISCHARGE AUTHORITY IS VALID FOR 90 DAYS FROM THE DATE ALL BORROWERS SIGN.

| Full Discharge  | Please email completed authority to ac          | Ivantedge.discharge@advantege.com.au or fax                          | to <b>03 9621 1440</b>   |  |  |  |
|---|---|--|--------------------------|--|--|--|
| Partial Discharge   | Please email completed authority to ac          | lvantedge.partialdischarges@advantege.com.a                          | u or fax to 03 8618 4427 |  |  |  |
|   |   |  |                          |  |  |  |
| Borrower Name(s):   |   |  |                          |  |  |  |
| Loan ID or Loan Numbe   | r:  |  |                          |  |  |  |
|   |   |  |                          |  |  |  |
| SECTION 1: Discharge  | Reason  |  |                          |  |  |  |
| □ Refinance - Reasons   | s: □Interest Rate □Custome                      | r Service DOther –please specify                                     |                          |  |  |  |
|   |   |  |                          |  |  |  |
|   |   | date as per Contract of Sale//                                       |                          |  |  |  |
| Please attach a copy of the Contract of Sale  |   |  |                          |  |  |  |
|   |   |  |                          |  |  |  |
|   |   |  |                          |  |  |  |
| SECTION 2: Security Pro   | operty to be Discharged                         | If Partial Discharge, Security Prope                                 | erty to be retained      |  |  |  |
| 1   |   | 1  |                          |  |  |  |
|   |   | 2  |                          |  |  |  |
|   |   | 3  |                          |  |  |  |
| 3   |   | 3  |                          |  |  |  |
| SECTION 3: Borrower B   | Representative Contact Details                  | for Discharge Settlement   |                          |  |  |  |
|   | -   | -  |                          |  |  |  |
| □ Solicitor/Conveyancer □ Incoming Mortgagee □ Acting for self  |   |  |                          |  |  |  |
| Please complete details below Please complete details below   |   |  |                          |  |  |  |
| Company   |   |  |                          |  |  |  |
| Contact Name  |   |  |                          |  |  |  |
| Telephone Number ( )  | Telephone Number ( )       Facsimile Number ( ) |  |                          |  |  |  |
|   |   |  |                          |  |  |  |
| SECTION 4: Borrower 0   | Contact Details Post Discharge                  | e (for applicable refunds)   |                          |  |  |  |
| Mailing Address   |   |  |                          |  |  |  |
| Telephone Number ( ) Facsimile Number ( )   |   |  |                          |  |  |  |
| Email   |   |  | -                        |  |  |  |
| Banking Details (for any app  |   |  |                          |  |  |  |
|   |   |  |                          |  |  |  |
| <ul> <li>Please deposit in my Account you have on file</li> <li>Please deposit any refunds in the following Account:</li> </ul>   |   |  |                          |  |  |  |
|   | •   | nt:  |                          |  |  |  |
| Name of Account   |   |  |                          |  |  |  |
| BSB   | Account   | Number   | -                        |  |  |  |
|   |   |  |                          |  |  |  |
| SECTION 5: Borrower's   |   |  |                          |  |  |  |
| I/we acknowledge that fees and charges including any Additional Valuation Fees may apply which are payable at the time a security is discharged. Where a discharge of security does not proceed, I/we acknowledge that <b>bluegum home loans</b> may debit my/our loan with the Additional Valuation Fee if a valuation was arranged due to my/our initial request to discharge the security. |   |  |                          |  |  |  |
| debited to my/our nominated account; at I   | bluegum home loans discretion.                  | the completion of the partial discharge, which I/we authorise to be: | , , ,                    |  |  |  |
| Surname   | Given Name/s                                    | Signature  | _ Date                   |  |  |  |
| Surname   | Given Name/s                                    | Signature  | Date                     |  |  |  |

| Surname | _ Given Name/s | _Signature | _ Date |
|---------|----------------|------------|--------|
| Surname | Given Name/s   | Signature  | _ Date |