

# Borrowers Discharge Request



Name: \_\_\_\_\_ Loan Account No: \_\_\_\_\_

**Full discharge**  **Partial discharge**

I/We would like to commence the discharge process to repay my/our loan account for the property(s) known as:

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The loan will be repaid by way of: (please tick box)

- The property is sold (La Trobe Financial requires a copy of the Contract of Sale);
- The loan is to be refinanced;
- The loan will be paid with cash (La Trobe Financial requires a statement confirming cash funds).

My/our legal representative or new financiers contact details are:

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\_\_\_\_\_ Contact telephone no: \_\_\_\_\_

I/We acknowledge the following conditions:

- The monthly loan repayments are due in full until the day discharge is complete;
- The 'Cash Access (Redraw) Facility' will be suspended five (5) days prior to settlement;
- That on settlement a release of Mortgage so far as the land is concerned will be given but I/we shall not be released from the personal covenants of the Mortgage until audit of the account is completed. Any necessary adjustments of a refund will be forwarded to me/us via post.
- I/we similarly understand that if the audit shows further monies are due I/we shall be asked to pay them.
- La Trobe Financial's Solicitor requires **ten (10) days notice** for booking of the discharge settlement.

Signatures (all borrowers to sign):

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**The required 30 days notice period for discharge as advised in your Letter of Offer will commence when La Trobe Financial receives this form.**

Please return this form by email to [discharges@latrobefinancial.com.au](mailto:discharges@latrobefinancial.com.au), by facsimile to (03) 5177 1685 or by post to La Trobe Financial Discharge Department, PO Box 403, Traralgon VIC 3844