

Borrower Details

Borrower name(s) in full:	<input type="text"/>	ACN	<input type="text"/>
Name of borrower to be contacted:	<input type="text"/>	Daytime contact phone number:	(<input type="text"/>) <input type="text"/>
Mailing address for all correspondence after Settlement:	<input type="text"/>		
	State:	PostPostcode:	
Customer No. (if applicable)	<input type="text"/>		

Settlement Details

Expected Settlement Date	/ /	Settlement location	<input type="text"/>
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In the boxes 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 no.:

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

Certificate of Title reference:

<input type="text"/>	Mortgage No.
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Solicitor/Conveyancer/Refinance Agent

<input type="text"/>

Contact Name and Telephone Number

Contact Name :	Phone No. (<input type="text"/>)
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Name of First Mortgagee if not Financial Institution named above:

Address of property(s) being sold or refinanced:

<input type="text"/>	State:	Postcode:
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Address of property(s) being sold or refinanced:

<input type="text"/>	State:	Postcode:
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Declaration

Note: This declaration is to be signed by all parties to the Loan/Facility(s), both borrowers and guarantors.

I/We/The Company request that any surplus funds after settlement be placed in the following discharging bank's account: **Yes** **No**

Account name:	<input type="text"/>	Name of Bank:	<input type="text"/>
BSB & Account number:	<input type="text"/>		

I/We/The Company:

- Authorise the current Financial Institution specified above to provide the new financial institution with any information they require about this account.
- To hand Loan/Facility(s) documentation to the new financial institution upon settlement or the abovementioned Solicitor on settlement.

Full Name (please print)	<input type="text"/>	<input type="checkbox"/> Mortgagor	<input type="checkbox"/> Borrower	<input type="checkbox"/> Guarantor
Signature	<input type="text"/>	Date	/ /	
Full Name (please print)	<input type="text"/>	<input type="checkbox"/> Mortgagor	<input type="checkbox"/> Borrower	<input type="checkbox"/> Guarantor
Signature	<input type="text"/>	Date	/ /	
Full Name (please print)	<input type="text"/>	<input type="checkbox"/> Mortgagor	<input type="checkbox"/> Borrower	<input type="checkbox"/> Guarantor
Signature	<input type="text"/>	Date	/ /	
Full Name (please print)	<input type="text"/>	<input type="checkbox"/> Mortgagor	<input type="checkbox"/> Borrower	<input type="checkbox"/> Guarantor
Signature	<input type="text"/>	Date	/ /	

NOTE: To be completed by Financial Institution refinancing this facility if no Solicitor involved:

Authorising Officer/Manager's Name	<input type="text"/>	Financial Institutional :	<input type="text"/>	Date:	/ /
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