

resi Own your dream.

Discharge Authority

All sections must be completed. Full Discharge - Please email completed authority to discharges@resi.com.au or fax to 1300 737 404 Partial Discharge - Please email completed authority to discharges@resi.com.au or fax to 1300 737 404 Borrower Name(s): Loan ID or Loan Number: **Discharge Reason** Refinance Incoming Mortgagee _____ **Property Sale** Please attach a copy of the Contract of Sale Anticipated Settlement date as per Contract of Sale ____/___/_____/ Other Please specify reason _____ **Security Property to be Discharged** If Partial Discharge, Security Property to be Retained **Borrower Representative Contact Details for Discharge Settlement** ☐ Solicitor/Conveyancer ☐ Incoming Mortgagee Acting for Self Please complete details below Please complete details below Company ___ Contact Name ___ _____ Facsimile Number () _____ Telephone Number () _____ **Borrower Contact Details Post Discharge (for Final Statement or Residual Payments)**) ______ Facsimile Number (Telephone Number (Banking details (Residual Payments) Name of account _____ Account Number ___ **Borrower's Authority** 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 Challenger Mortgage Management Pty Ltd (CMM) and/or Resi Mortgage Corporation Pty Ltd (RESI) 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. Where the matter is for a partial discharge of security, a Security Variation Fee is payable upon the completion of the partial discharge, which I/we authorise to be: i) debited to my/our loan; or ii) debited to my/our nominated account; at CMM's / RESI's discretion. Surname Given Name/s Signature Date Surname Given Name/s Signature Date Surname Given Name/s Signature Date Given Name/s Signature Date



