AUTHORITY TO DISCHARGE MORTGAGE



RAMS Discharge Department To: 1300 656 728 Fax:

Borrower/s Full Name/s I/We authorise and direct you to discharge the mortgage/s of the property/ies listed below in readiness for settlement. Address/es of property/ies being released are (in case of partial discharge, only list property/ies to be released): On settlement, the following loans are to be fully/partly repaid. If loan(s) are not to be paid in full enter amount by which loan(s) are to be reduced, otherwise leave blank **Loans Number:** To Be Repaid Amount of Reduction (partial repayment only) Fully/Partly (delete one) Fully/Partly (delete one) Fully/Partly (delete one) My/our Solicitor/Agent for the discharge is: Solicitor/Agent: () Contact: Ph: Fax: Email: I request you to provide my/our Solicitor/Agent with any information which they require in relation the above loan(s), including payout figures and all costs associated with the discharge. I further request you to provide my Solicitor/Agent with a breakdown of items comprising the payout figure pursuant to Section 75 and 76 of the Consumer Credit Code. I/We anticipate that settlement of my/our loan will take place on(date) and should you have any queries regarding this please direct them to my Solicitor/Agent. At settlement, I/we authorise you to hand the executed discharge/s, certificate/s of title of the above listed property/ies and any other relevant documents to my/our Solicitor/ Agent. Proposed settlement date ____/__/___ I/we undertake to pay all fees and charges in connection with the discharge of mortgage. My/our address after settlement will be: Name: ______Signature _____ Date / / Date ___/__/___

RAMS Financial Group Pty Limited ABN 30 105 207 538. 15th May 2008

_____Signature _____

Please note: All mortgagor(s) of property/ies being released must sign this authority.