

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 discharge@advantagedge.com.au or fax to **03 9621 1440**

Partial Discharge - Please email completed authority to partialdischarges@advantagedge.com.au or fax to **03 8618 4427**

Borrower Name(s):	
Loan ID or Loan Number:	

SECTION 1: Discharge Reason

Refinance - Reasons: Interest Rate Customer Service Other –please specify _____

Incoming Mortgagee _____

Property Sale Anticipated Settlement date as per Contract of Sale ____/____/____
Please attach a copy of the Contract of Sale

Other
Please specify reason _____

SECTION 2: Security Property to be Discharged

1. _____
2. _____
3. _____

If Partial Discharge, Security Property to be Retained

1. _____
2. _____
3. _____

SECTION 3: Borrower Representative Contact Details for Discharge Settlement

Solicitor/Conveyancer
Please complete details below

Incoming Mortgagee
Please complete details below

Acting for self

Company _____

Contact Name _____

Telephone Number () _____ Facsimile Number () _____

SECTION 4: Borrower Contact Details Post Discharge (for applicable refunds)

Mailing Address _____

Telephone Number () _____ Facsimile Number () _____

Email _____

Banking Details (for any applicable refunds)

Please deposit in my Account you have on file

Please deposit any refunds in the following Account:

Name of Account _____

BSB _____ Account Number _____

SECTION 5: 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 **Advantagedge Financial Services Pty Ltd (AFS)** 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 **AFS's** discretion.

Surname _____ Given Name/s _____ Signature _____ Date _____

Surname _____ Given Name/s _____ Signature _____ Date _____

Surname _____ Given Name/s _____ Signature _____ Date _____

Surname _____ Given Name/s _____ Signature _____ Date _____