



Discharge of Mortgage Authority

Please provide originals of documents only.

Faxed copies will not be accepted.

Loan account number(s):

Name(s) of borrower(s):

.....

I/We wish to discharge the mortgage on the below mentioned property, securing the above account and request that you proceed with arrangements for the discharge of the mortgage.

1. *Address of the security property:*

.....
.....

2. *Forwarding address after settlement:*

.....
.....

3. *Telephone contact numbers:*

Name of Client 1		Name of Client 2	
.....		
Home:		Home:	
Work:		Work:	
Mobile:		Mobile:	

4. *Agents/Solicitors acting on my/our behalf*

.....
.....

Please indicate your answer with a tick in the appropriate column
and complete written answers where required.

	YES	NO
Were you advised or given a recommendation from a Broker/Financial Advisor to refinance? Broker name & company _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you refinancing? We are refinancing with: _____	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for refinancing *please state the most appropriate Lower interest rate – rate given _____ <input type="checkbox"/> Debt consolidation <input type="checkbox"/> Increase Loan - Home improvements <input type="checkbox"/> Purchase of vehicle <input type="checkbox"/> Other _____ <input type="checkbox"/> Other products/services available: 1) Offset account <input type="checkbox"/> 2) Fixed interest rate <input type="checkbox"/> 3) Reduced fees <input type="checkbox"/> 4) Interest only periods <input type="checkbox"/> 5) Online banking facilities <input type="checkbox"/> 6) Other – please state _____ Purchasing investment property/land <input type="checkbox"/> Business loan/Lending <input type="checkbox"/>		
Have you sold your property? Expected settlement date: _____ Expected sale price: \$ _____ Will you be purchasing another owner occupied property? YES/NO	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate our standard of service from 1 (Poor) – 10 (Excellent): _____		

General Comments

I/We
of
do hereby provide Keystart Home Loans our express authority to exchange/provide information to any party associated with the discharge of our mortgage or adjustments thereto on request by that party.

Please note: I/We instruct Keystart to send any credit balance in our account following clearance of our loan facility and associated charges to the following address (by cheque drawn in my/our favour)

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I/We acknowledge and agree that the cost for Keystart to process and post refund cheques is at least \$10. As a result, I/We agree that if the credit balance is less than \$10, then unless we specifically request otherwise prior to settlement of our discharge, Keystart is authorized and directed to remit the credit balance to be used by Keystart to further its promotion of affordable housing loans.

**Should your chosen method of payment be by direct debit,
Keystart will cancel at its descretion.**

Signatures of all Borrowers

Date

Surname & Initials

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Keystart reserves the right to seek further and better identification by way of certified copies of drivers licence and passport or any other formal means of indentification should signatures not match with Keystart's records.

