



DISCHARGE AND RELEASE AUTHORITY

To: Liberty Financial – Discharge Department
Fax Number: AUST: (03) 8635 9999 NZ: (09) 5800 433
From:
Phone:
Facsimile:
Date & Pages:

BORROWER INFORMATION

(Please note all details must be completed to enable the discharge to proceed.)

Loan Number			
Borrower/s Name			
Property/ies to be released			
Address (after settlement)	Street:	Suburb:	P/Code:

SOLICITOR/REFINANCIER INFORMATION

CONTACT DETAILS (Please complete with your Solicitor/Refinancier details.)

Company			
Contact Name			
Address	Street:	Suburb:	P/Code:
Phone No:			
Fax No:			
Mortgage Broker			
Discharge Reason	<input type="checkbox"/> Sale	<input type="checkbox"/> Loan Repaid	<input type="checkbox"/> Refinance to _____
	<input type="checkbox"/> Other	<input type="checkbox"/> Full Discharge	<input type="checkbox"/> Partial Discharge _____

Please Note: A Partial Discharge will require a valuation on the remaining property/ies at your cost if existing valuation is more than 6 months old. The Discharge Administration Fee of \$395 will apply regardless of whether you choose to proceed with the Discharge. If the Discharge does not proceed within 90 days of this instruction, the Discharge Administration Fee will be debited to your Loan Account. If the Discharge proceeds, the Discharge Administration Fee will be included in your payout figure.

CONSENT TO THE LENDER

Please accept this signed authority as a request to prepare a discharge of mortgage over the above mentioned property/ies. Furthermore, I/We authorise Liberty Financial Pty Ltd to discuss information relevant to the amount required to finalise the loan and to release all relevant documents to the party above, or his/her nominee at settlement:

_____	_____	_____
Borrower/Mortgager #1 Name	Borrower/Mortgager #1 Signature	Date
_____	_____	_____
Borrower/Mortgager #2 Name	Borrower/Mortgager #2 Signature	Date
_____	_____	_____
Borrower/Mortgager #3 Name	Borrower/Mortgager #3 Signature	Date