

- Discharge Authority -

Please email document to discharge@challenger.com.au or fax to (03) 9621 1440

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

Discharge Type		
<input type="checkbox"/> FULL Discharge	<input type="checkbox"/> PARTIAL Discharge	<input type="checkbox"/> Substitution/Internal <small>*please refer to Lending Services or Mortgage Mgr</small>

Discharge Reason		
<input type="checkbox"/> Refinance	<input type="checkbox"/> Property Sale <small>*please attach Contract of Sale</small>	<input type="checkbox"/> Other _____ <small>If Other, please specify reason</small>

Security Property to be Discharged	
1	_____
2	_____
3	_____
4	_____

Anticipated Settlement Date	_____
	<small>dd/mm/yyyy</small>
NOTE: minimum of 10 working days notification is required	

Borrower Representative Contact Details for Discharge Settlement		
<input type="checkbox"/> Solicitor/Conveyancer <small>Please complete details below</small>	<input type="checkbox"/> Incoming Mortgagee <small>Please complete details below</small>	<input type="checkbox"/> Acting for Self
Company	_____	
Contact Name	_____	
Telephone Number	() _____	Facsimile Number () _____

Borrower Contact Details Post Discharge (for Final Statement and any Refunds)		
Mailing Address	_____	
Telephone	() _____	Facsimile number () _____
Email address	_____	
Banking details if refund applicable		
Name of Account	_____	
BSB	Account Number	_____

Borrowers Authority			
_____	_____	_____	_____
Surname	Given Name/s	Signature	Date
_____	_____	_____	_____
Surname	Given Name/s	Signature	Date
_____	_____	_____	_____
Surname	Given Name/s	Signature	Date
_____	_____	_____	_____
Surname	Given Name/s	Signature	Date
Note: ALL borrowers must sign this Discharge Authority			