

# Full/Partial Discharge Authority



## Section A: Customer Details

Customer Name (s):

Phone Number(s):

Postal Address After Settlement:

## Section B: Release Details

I/We hereby request Sandhurst Trustees release the security:

Property situated at:

Term Deposit – customer number/ledger:

Other (Please detail):

**Preferred Settlement Date:**     /     /     I/We acknowledge that I/we am/are required to provide Sandhurst Trustees with this fully completed and signed Full/Partial Discharge Authority at least 14 days **prior** to the settlement date and/or release of security. If the Bank does not receive sufficient notice, settlement may be delayed.

**Reason for Release:**    Sale    Refinance    Paid in Full    Substitution    Other

**Settlement Agent/Refinancier Name:** I/We authorise Sandhurst Trustees to provide the Legal Firm/Financial Institution as detailed below, who is my/our authorised representative, with any information they require about my/our Sandhurst Trustees account/s and to hand loan security documentation to them (or their nominated agent) at settlement.

Settlement Agent Name:

Phone Number(s):

Address:

## Section C: Funds Distribution

In exchange for the release of security referred to in Section B, Sandhurst Trustees is to receive sufficient funds to clear/reduce all debts in the following accounts:

Loan Facility Account Number:

Is to be paid out in full:    Yes    No     If No, the desired amount to be paid\*: \$

Is to be paid out in full:    Yes    No     If No, the desired amount to be paid\*: \$

Is to be paid out in full:    Yes    No     If No, the desired amount to be paid\*: \$

\* Sandhurst Trustees will confirm exact amount required.

If there are funds remaining after settlement please deposit to my/our Sandhurst Trustees or Bendigo Bank Account No.:

## Section D: Declaration & Authorisation

To be signed by all parties to the loan(s).

I/We:

- Understand that if any error has been made in calculating the settlement amount, that I/we is/are liable for any amount outstanding.
- Agree that I/we shall not be released from the personal covenants of the security Sandhurst Trustees releases.
- Agree to pay Sandhurst Trustees any Discharge Administration Fee, Valuation Fee, Lenders Mortgage Insurance premium or other fees and charges that may become payable upon the release of security and/or partial/full discharge of my/our loan.

Borrower's/Mortgagor's Signature:

Date:     /     /

Borrower's/Mortgagor's Signature:

Date:     /     /

Borrower's/Mortgagor's Signature:

Date:     /     /

Guarantor's Signature:

Date:     /     /

Guarantor's Signature:

Date:     /     /

Note: Please check that all details have been completed and necessary signatures obtained. Any missing or illegible information may result in settlement delays.

### Branch/Lender Use Only

Date received:     /     /

Receiving Officer Name:

ADM