

To: Lisa Little
Statewide Home Loans
Ground Floor
450 St Kilda Road
MELBOURNE VIC 3004

Fax: 9866 4944
Phone: 9866 4990

STATEWIDE HOME LOANS AUTHORITY TO DISCHARGE

I / We of

Do here AUTHORISE, REQUEST AND DIRECT you to transfer / release the Mortgage registered over my / our property situated at the above address / or
....., secured by a mortgage to
..... and identified by loan number

I / We FURTHER AUTHORISE, REQUEST AND DIRECT that you provide loan payout details & hand the relevant Certificate of Title, Mortgage and associated transfer / release documentation to my Solicitor

After settlement, my / our postal address shall be
..... I / We understand this will be used only for sending final mortgage statements.

.....
Signed by (Please print your name and date)

.....
Signed by (Please print your name and date)

.....
(Signed by Witness) (Please print your name)