AQUAMORE DISCHARGE AUTHORITY

Please use this form for a **full discharge** only. A full discharge is where you instruct us, using this form, to pay out your Aquamore loan facility identified in section 1 and to discharge all the securities for that facility.
For help with this form or for enquiries relating to fees and charges, please email us on **discharges@aquamore.com.au**.
- Ensure you have read and understood the form. Once it is signed, this is a formal Mortgage Discharge Authority and is valid for 90 days.
- All Borrowers & Directors must sign to authorise the request. Digital signatures are accepted.
- Once form is signed, email to **discharges@aquamore.com.au**. There is a minimum of 30 days' notice required for early prepayment.

1. PROPERTY AND SECURITY DETAILS

Loan ID & Borrower Name:

Do you have a proposed settlement date? Yes ☐ ▶ Proposed settlement date: / /
No ☐

Please complete ALL details below, including the reason for discharge of each property:

Addresses of properties being discharged / refinanced:	Property sale	Refinance*	Loan to be repaid
1.	☐	☐	☐
2.	☐	☐	☐
3.	☐	☐	☐

*** If refinancing, please complete the below to assist settlement instruction and avoid settlement delays:**

☐ ALL properties listed above will be refinanced to one new lender ▶ Name of New Lender:

Reference Number of New Lender (if known):

☐ Properties listed above will be refinanced by multiple lenders ▶ Please complete ALL details below:

New Lender for Property 1: Reference number of new lender (if known):

New Lender for Property 2: Reference number of new lender (if known):

New Lender for Property 3: Reference number of new lender (if known):

2. BORROWER DETAILS

Borrower name: Contact number:

Address:

Email:

3. WHO WILL BE ACTING FOR YOU AT SETTLEMENT?

☐ I am acting on my own behalf.

NOTE: If refinancing, you will need an appointed representative, or new lender listed to act on your behalf.

☐ I am represented by my solicitor, conveyancer, broker or appointed representative ▶ **Please complete ALL details below:**

Name of Organisation:

Contact Name:

Contact Number:

Email:

Preferred method of contact: ☐ Phone ☐ Email

Is there another person you wish to authorise to speak to us about this request on your behalf?

☐ Yes ▶ Name & relationship (e.g. Broker): Email:

☐ No

4. AUTHORISATION

By signing the Mortgage Discharge Authority form, the Borrower(s):

- Declare that the information given in the form is true and correct;
- Authorise Aquamore Finance Pty Ltd ABN 45 616 745 772 ("Aquamore") to surrender the above detailed security, to the representatives detailed above, in exchange for the settlement amount requested by Aquamore;
- Authorise Aquamore to act on instructions from, and to provide information relating to this Discharge Authority to, the Legal Representative, Other Contact, or Financial Institution named in this form (or their legally appointed representatives, if applicable) and the Legal Representative, Other Contact or Financial Institution listed as acting on your behalf in the Electronic Lodgement Network, any information or documentation they require about this account and security in order to effect settlement.

Director/Guarantor 1

Full name *(please print)*: Signature: X Date: / /

Director/Guarantor 2

Full name *(please print)*: Signature: X Date: / /

Director/Guarantor 3

Full name *(please print)*: Signature: X Date: / /

Director/Guarantor 4

Full name *(please print)*: Signature: X Date: / /