

Date: / /

Director of Housing  
C/- Stamfords  
Level 2  
520 Collins Street  
Melbourne Vic 3000  
FAX: 8317 5650

I .....

Of .....

**Loan No:**

I wish to complete the Discharge of Mortgage held by Director of Housing over the above mentioned property.

I acknowledge that there will be costs involved, separate to the loan payout figure, which are payable by me.

I will be represented by (insert Solicitor/Conveyancer's details):

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- Understand that if any error has been made in calculating the settlement amount, that I am liable for any amount outstanding.
- Authorise (the Program Manager) on behalf of the Director of Housing Home Loan Programs, to provide the Legal Firm, as detailed above (where applicable), as my authorised representative, with any information they require about the above account(s) and to hand Loan Account documentation to them (or their nominated agent) upon settlement.

Signed:

.....  
Full Name

.....  
Signature

.....  
Full Name

.....  
Signature