

Please fax completed document to Fox Symes Home Loans/Loans Admin Fax Number 1300889 469 or
email completed document to FSAHomeLoans@foxsymes.com.au

Name of Borrower _____	Date _____
Address of Security Property _____	Loan ID _____
	P/Code _____

Reason for Discharge

Refinance State name of lender: _____

Sale of Property (attach contract for Sale of Property) Estimated settlement date _____

Other Reason for discharge (specify) _____

Borrower Representative - Contact Details for Discharge Settlement

Solicitor/Conveyancer Incoming mortgagee Acting for self

Complete details below: Fax No _____

Company acting _____

Contact name _____

Telephone number _____ email address _____

Borrower Contact Details for Matters after Discharge (for Final Statement, Refunds or Residual Payments)

Mailing address _____

Telephone number _____ email address _____

Fax number _____

Banking Details (for Refunds or Residual Payments)

Name of Account _____ BSB _____ Account No _____

Borrowers' Authority

_____ Surname	_____ Given names	_____ Signature	_____ Date
_____ Surname	_____ Given names	_____ Signature	_____ Date
_____ Surname	_____ Given names	_____ Signature	_____ Date
_____ Surname	_____ Given names	_____ Signature	_____ Date

