

ATTENTION: RESIMAC DISCHARGES

Loan Number	<table border="1" style="width:100%; height:20px; border-collapse: collapse;"> <tr> <td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td> </tr> </table>																					
Date	Sender	Fax (02) 9248 2312	Email discharges@resimac.com.au																			

BORROWER(S)

Borrower (1) Full Name	Borrower (2) Full Name
Borrower (3) Full Name	Borrower (4) Full Name

SECURITY ADDRESS(ES)

Security (1)
Security (2)
Security (3)
Security (4)

REASON FOR DISCHARGE (PLEASE TICK APPROPRIATE BOX)

SALE	REFINANCE	OTHER
<input type="checkbox"/> Re-Locating	<input type="checkbox"/> Interest Rate	<input type="checkbox"/> Repaid
<input type="checkbox"/> Investment Property	<input type="checkbox"/> Product Features	<input type="checkbox"/> Other Reason (not listed)
<input type="checkbox"/> Hardship	<input type="checkbox"/> Service	_____
<input type="checkbox"/> Purchase New Owner Occupied Property	<input type="checkbox"/> Staff Concession	_____
<input type="checkbox"/> Down Sizing	<input type="checkbox"/> Additional Borrowings	_____

SOLICITOR/CONVEYANCER DETAILS

Contact Name:	Company Name:
Postal Address:	Phone Number:
Fax Number:	Email Address:
Estimated Settlement Date:	Originator Fees (if applicable):

DECLARATION

Name in Print (Borrower 1)	Name in Print (Borrower 2)	Name in Print (Borrower 3)	Name in Print (Borrower 4)
Signature	Signature	Signature	Signature
Date / /	Date / /	Date / /	Date / /