| ATTENTION: RESIMAC VARIATIONS | | | | |
|---|------------------------------------|--|--|--|
| Loan Number | Portion(s) | | | |
| Date Sender Fax | Email | | | |
| (02) 9 | 248 2308 variations@resimac.com.au | | | |
| | | | | |
| BORI | ROWER(S) | | | |
| Borrower (1) Full Name | Borrower (2) Full Name | | | |
| | | | | |
| Borrower (3) Full Name | Borrower (4) Full Name | | | |
| Postal Address | | | | |
| | | | | |
| | | | | |
| Securi | TY DETAILS | | | |
| Security to be released: (please use separate form for each securit | v to be released) | | | |
| | | | | |
| Security/Securities to be Retained/Substituted: | | | | |
| 1) | | | | |
| | | | | |
| 2) | | | | |
| 3) | | | | |
| 3) | | | | |
| Олип | R DETAILS | | | |
| | K DETAILS | | | |
| Please specify proposed loan limit (including redraw) | | | | |
| A \$ B \$ C \$ | D\$ L\$ | | | |
| Proposed LVR: (please specify)% | | | | |
| Post Settlement Postal Address: | | | | |
| Reason For Discharge (please tick the appropriate box) | | | | |
| Sale Refinance | Other Reason | | | |
| | | | | |
| SOLICITOR / CONVEYANCER DETAILS | | | | |
| Name of Firm: | Contact Person: | | | |
| Phone Number: | Fax Number: | | | |
| Email: | Estimated Settlement Date: | | | |
| Postal Address | / / / | | | |
| <u> </u> | | | | |

| 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 / / | | |

FOR OFFICE USE ONLY

Please attach the following documents/information while sending the application for Partial Discharges or Substitution:

- Loan Mortgage Insurer's Approval
- Valuation Report (from panel valuer) Copy of invoice to be provided
- Details of Fees (if any to be collected on your behalf at settlement) Borrowers Acknowledgement required

| Amount: | Payee: | |
|-----------------------------------|--------|--|
| Amount: | Payee: | |
| | | |
| | | |
| | | |
| Circuit and Circuit and Circuit | | |
| Signature of Authorised Signatory | | |
| Name: | | |
| Position: | | |
| | | |