

# Macquarie Mortgages Discharge Authority



Date: \_\_\_\_\_

Please post or fax to: Macquarie Mortgages  
Discharge Department  
Level 24, 20 Bond Street  
Sydney NSW 2000  
Facsimile: (02) 9232 3370

<b>Borrowers Details</b>			
Borrowers Name(s)			
Daytime contact number	(H)	(W)	(Mob)
Address of Property to be discharge			
Loan Account Number(s) secured by this property			
Planned Date of Discharge			
Reason for Discharge <b>Please tick:</b>	Sale <input type="checkbox"/>	Loan Repaid <input type="checkbox"/>	Refinance <input type="checkbox"/>
<b>If Refinance</b> – name of financial institution			
Type of Discharge	Full Discharge <input type="checkbox"/>	Partial Discharge	<input type="checkbox"/>

<b>Borrowers Solicitor contact details</b>	
Company name	
Contact person	
Telephone number	
Facsimile number	
Mailing address	

<b>Forwarding Details</b>	
Mailing address for notices after discharge	
<i>Bank account details for refund of subsequent or retained credits</i>	
Account Name	
BSB	
Account Number	

<b>Authorised Signatories (all parties to sign where title deeds are in joint names):</b>			
Signature	Date	Signature	Date
Name		Name	