



DISCHARGE REQUEST AND AUTHORITY AND DIRECTION

This form may be faxed to royal guardian but the original must be sent by post.

Date: ____/____/____

TO: Royal Guardian Mortgage Corporation Pty Ltd
Royal Guardian Chambers
274 Beamish Street
CAMPSIE NSW 2194

Fax No: (02) 9718 1406 (Post Settlements Department)

Tel No: (02) 9787 4477

Client Details: _____
_____ (Borrower(s) names)

Loan Details: _____
_____ (Loan Numbers)

Property Details: _____
_____ (Security Address)

Tentative Discharge Date: ____/____/____

Reason for Discharge: *Please Circle* Sale Refinance Payout

We request that you prepare a **discharge of mortgage** and a **written payout figure** statement of the amount required to repay your loan on the above property.

My solicitor is _____

Address: _____

Phone: _____

Fax: _____

Signature: _____ Dated: ____/____/____

Full Name of Borrower/Guarantor: _____

Signature: _____ Dated: ____/____/____

Full Name of Borrower/Guarantor: _____