I/We wish to complete the Discharge of Mortgage held by Director of Housing over the above mentioned property.

I/We acknowledge that there will be costs involved, separate to the loan payout figure, which are payable by me/us.

I/We will be represented by (insert Solicitor/Conveyance’s details):

- ..............................................................................................................................
- ..............................................................................................................................
- ..............................................................................................................................
- ..............................................................................................................................
- ..............................................................................................................................

I/We
- Understand that if any error has been made in calculating the settlement amount, that I/we are liable for any amount outstanding.

- Authorise the Director of Housing Home Loan Programs, to provide the Legal Firm, as detailed as above (where applicable), as my/our authorised representative, with any information they require about the above account(s) and to hand Loan Account documentation to them (or their nominated agent) upon settlement.

Signed:

- ..............................................................................................................................
- ..............................................................................................................................

- ..............................................................................................................................
- ..............................................................................................................................

Signature Signature

- ..............................................................................................................................
- ..............................................................................................................................

Full Name Full Name