MORTGAGE DISCHARGE REQUEST

I/We hereby request you to prepare a Discharge of Mortgage, and authorise Home Loan Centre Management Pty Ltd to provide any relevant information to our nominated solicitor(s).

BORROWER(S): (1) ______________________________________ (2) ______________________________________
(Print Full Name) (3) ______________________________________ (4) ______________________________________

CONTACT PHONE NO: Home: __________________________ Work: __________________________
Mobile: __________________________ Email: __________________________

LOAN ACCOUNT NO’S: __________________________________________

LENDER: __________________________________________

SECURITY PROPERTY(IES) __________________________________________
(Address; Certificate of Title Reference)

TO BE RELEASED: __________________________________________

SOLICITOR(S) / BANKER ACTING ON BEHALF OF BORROWER(S):

Contact: __________________________ Email: __________________________
Phone No: __________________________ Fax No: __________________________

Reason for Discharge – Please tick where applicable

☐ Sale of Property – Anticipated Date of Settlement: __________________________
☐ Re-finance New Lender _________________ Approval Amount __________________________
Anticipated Date of Refinance Settlement __________________________
☐ Partial Discharge (Whereby loan is secured by more than one property. Please note remaining security must be revalued with associated costs borne by the Borrower(s).)
☐ Other _____________________________________________________________________________

Signatures (All borrowers to sign): (1) ___________________________________________* Date __________________________
(2) ___________________________________________* Date __________________________
(3) ___________________________________________* Date __________________________

Escalation of Discharge: Please tick YES or NO box to advise if escalation of settlement is required to be actioned. By ticking the YES box Home Loan Centre will instruct upon receipt of original signed discharge request form. $400 escalation fee will apply. By ticking NO box normal processing timelines will apply. Neither box ticked, normal processing will apply.

YES ☐ NO ☐

* Please note: Our Agents will NOT be instructed until we hold an original signed form in this office. Originals to be sent to GPO BOX 2774 MELBOURNE VIC 3001*
(a) Please note: Normal discharge processing - a minimum of 15 business days prior to issuing instructions. A further 5 business days for solicitors to action any discharge matter that HLCA instruct.
(b) Please note: If settlement is required prior to 20 working days from receipt of original discharge request form, a $400 escalation fee will apply and instructions will be issued upon receipt of original discharge request form. Normal 5 business days allowance for solicitors to action discharge matter still apply.
(c) Please note: If anticipated settlement date is not completed normal discharge process and timeline will apply.

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525 Collins St, Melbourne, VIC 3000
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SYDNEY
500 George Street, Sydney, NSW 2000
t 02 8833 5200  f 02 8833 5290

Brisbane
Ground Floor, 15 Astor Terrace
Spring Hill, QLD 4004
f 07 3328 3490

PERTH
t 08 9423 8300  f 08 9381 4240

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