Borrowers Discharge Request

Name: ___________________________ Loan Account No: ___________________________

Full discharge ☐  Partial discharge ☐

I/We would like to commence the discharge process to repay my/our loan account for the property(s) known as:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

The loan will be repaid by way of: (please tick box)

☐ The property is sold (La Trobe Financial requires a copy of the Contract of Sale);

☐ The loan is to be refinanced;

☐ The loan will be paid with cash (La Trobe Financial requires a statement confirming cash funds).

My/our legal representative or new financiers contact details are:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Contact telephone no: ___________________________

I/We acknowledge the following conditions:

• The monthly loan repayments are due in full until the day discharge is complete;

• The ‘Cash Access (Redraw) Facility’ will be suspended five (5) days prior to settlement;

• That on settlement a release of Mortgage so far as the land is concerned will be given but I/we shall not be released from the personal covenants of the Mortgage until audit of the account is completed. Any necessary adjustments of a refund will be forwarded to me/us via post.

• I/we similarly understand that if the audit shows further monies are due I/we shall be asked to pay them.

• La Trobe Financial’s Solicitor requires ten (10) days notice for booking of the discharge settlement.

Signatures (all borrowers to sign):

Signed: ___________________________  Signed: ___________________________

Date: ___________________________  Date: ___________________________

Signed: ___________________________  Signed: ___________________________

Date: ___________________________  Date: ___________________________

The required 30 days notice period for discharge as advised in your Letter of Offer will commence when La Trobe Financial receives this form.

Please return this form by email to discharges@latrobefinancial.com.au, by facsimile to (03) 5177 1685 or by post to La Trobe Financial Discharge Department, PO Box 403, Traralgon VIC 3844