

HOLIDAY COAST CREDIT UNION LTD ABN 64 087 650 164

DISCHARGE SETTLEMENT AUTHORITY

Member Name:	*			
Address of Security Property/s:	*			
* I/We wish to advise that I/We have:				
[] sold abovementioned secur[] refinanced our loan in relat[] paid all loans out and wish	ion to the	abovement		perty; or
* LOAN/S TO BE PAID OUT (Please complete details of all loans to be p	aid out. Eg	յ. Home or Bւ	usiness Loan, Overdr	rafts, or Personal Loans)
Loan Type: M/N:		Estimated F	Payout: \$	
Loan Type: M/N: Estimated Payout: \$				
Loan Type: M/N: Estimated Payout: \$				
Loan Type: M/N: Estimated Payout: \$				
I/We hereby request Holiday Coast Mortgage in anticipation of settlement.	Credit ur	nion Ltd to	arrange prepara	tion of Discharge of
At settlement please hand all docum documents (if held) to:	ents, disc	charge of m	nortgage/s, survey	reports and sundry
Solicitor *				
OR Authorised Representative of: *				Financial Institution
OR	NB: A f	ormal advice	e/request to refina ust also be attached.	nce from refinancing
Name of Authorised Party				
	(Authorised party must be a Proprietor on the Certificate of Title)			
In exchange for the sum of:	\$	(or sufficient funds to clear		
		all debts on my/our behalf)		s on my/our behalf)
Should excess funds be received settlement they are to be credit my/our accounts as follows:				
I/We acknowledge that the following fe	es are als	so payable u	pon settlement:	
# Break Fee (if loan being repaid is a fixed rate facility):		facility):	\$	
Settlement Fee:			\$180.00	
Discharge Fee:			\$270.00	
Early Repayment Fee:			\$	
Registration of Discharge Fee:			Refer to Credit Department for Cost	
Land Property Management Production Fee:			Refer to Credit Department for Cost	
Agency Production Fee:			Refer to Credit Dep	partment for Cost
Signed:			Dated:/	_/
Signed:			Dated:/_	_/

^{*} Member must complete