VARIATIONS PARTIAL DISCHARGES SUBSTITUTION FORM



ATTENTION: VARIATIONS (FAX: 1300 366 844 or 02 9248 2345) (EMAIL: VARIATIONS@RHGMORTGAGES.COM.AU)

Loan Number	Portions	
Date	Sender	
Email		
Applicant 1 Full Name		
Applicant 2 Full Name		
Applicant 3 Full Name		
Applicant 4 Full Name		
Residential Address (Pre Settlement)		
Residential Address (Post Settlement)		

SECURITY DETAILS				
Security to be released (please use separate form for each security to be released)				
Security / Securities to be retained / substituted				

OTHER DETAILS							
Specify proposed loan limit below (including redraw)							
A \$	В\$		C \$		D\$	L\$	
Proposed LVR							
Reason for Discharge	□ Sale	□ Refinance	Other:				

SOLICITOR / CONVEYANCER DETAILS				
Name of Firm	Contact Person			
Phone Number	Fax Number			
Email	Estimated Settlement Date			
Postal Address				

DECLARATION		
Signature (Applicant 1)	Name in Print	Date
Signature (Applicant 2)	Name in Print	Date
Signature (Applicant 3)	Name in Print	Date
Signature (Applicant 4)	Name in Print	Date

VARIATIONS PARTIAL DISCHARGES SUBSTITUTION FORM



OFFICE USE ONLY

Please attach the following documents/information while sending the application for partial discharges or substitutions:					
 Lender's Mortgage Insurance appro Valuation Report (from panel valuer Details of fees (if any to be collected) 		wledgement required			
Amount		Рауее			
Amount		Payee			
Circuit up of Authorized Circuitory	Name in	Drint	Position		
Signature of Authorised Signatory	Name In	Print	Position		