

## **DISCHARGE AUTHORITY**

Attention: Brendan	Telephone: 1300 284 123	Facsimile: 5334 4021	Email: brendan@cvi.net.au
oan Number			Date:
Borrower 1 full name		Borrower 2 full name	e
Borrower 3 full name		Borrower 4 full name	e
Guarantor 1 full name		Guarantor 2 full nam	ne
SECURITY ADDRESS			Title Reference:
Security 1:			Title Rejerence.
Security 2:			Title Reference:
Security 3:			Title Reference:
REASON FOR DISCHA	RGE (please tick appropriate bo	ox)	
Sale	Refinance		Other
Re-locating	Interes		Repaid
Investment prop		t feature	Other reason (not listed)
Down sizing	Service		
Other	Additio	nal borrowing	
	CITOR / CONVEYANCER DETAILS		
Contact name:		Company:	
Postal address:		Phone number:	
Fax number:		Email address:	
Estimated settlement data	2:		
Borrower 1 signature		Borrower 2 signatur	re
2 38.11.11		John Marie Lagrana	-
Borrower 3 signature		Borrower 4 signature	e
Guarantor 1 signature		Guarantor 2 signature	
If appropriate (and	d applicable to you) do you wish for	us to consider discharging a	a PPSR held? Y / N / NA
Staff Use:			

Date Received: \_\_\_\_\_ PPSR discharge required? \_\_\_\_\_ If yes, diarised for completion? \_\_\_\_\_