

Discharge Authority Letter of Instruction – Discharges

For help comple Once completed	this form at least 15 business days before eting this form and for all enquiries relat d, please submit this form via email to di you or your agent to progress your requ	ing to fees and cha scharge.authority	rges please		n.au or call u	s on 1300 552 688.			
Please he	lp me				Tick	Sections to complete			
I have sold my pro	pperty					•			
	ne purchaser's deposit funds (section 27, VIC o								
	ny loan from NAB to another finance provider.								
I want NAB to release one or more titles									
I want NAB to rele	ease the family guarantee on my loan								
I have sold my pro	pperty and purchased another and they are set	tling on the same da	у			1, 2, 3, 4, 5			
1. Custom	er contact details are								
Name			Telephone						
L Email									
0.11									
Address									
	y and security details								
Preferred Settleme	ent Date								
/	1								
Address of Proper	ty 1								
					Sold* □ P	urchased*			
					zoia. 🗀 b	urchased. [_]			
					\$				
Address of Proper	ty 2								
					Sold* P	urchased* 🗌			
					\$				
If releasing one or more titles, please complete the following: Branch for collection of title			e details	•	* Please includ	e contract of sale			
3. Accoun	t numbers and instructions								
					Apply				
BSB	Account Number	Payo & clo		Debit Fees	surplus/ shortfall ²	Reduce limit to			
			Ш	Ш	Ш	\$			
						\$			
						\$			
						\$			
IMPORTANT									
 Any home loan arrangement to Please nominat 	that you payout and close will no longer have another eligible NAB home loan that you reta e the account from which you wish all fees to e the account you wish the surplus/shortfall to	ain. be debited.	ease contact N	IAB on 13 13 1	12 if you wish t	o update the 100% offset			
_	out and close my entire Portfolio Facility	oc applica to.							
	surplus funds is a non-NAB account please als	so provide the names	of the accoun	nt owners					
the account for	sarptas fatias is a non-trad account please ats	o provide the names	or the accoun	IL OWIICI3					

4. I am represented by									
I am acting on my own behalf now go to 5									
I am represented by my solicitor, conveyancer, broker or appointed representative									
Name of Organisation		Cont	act Name						
Contact Number		Fax I	Number						
Email Address									
If a Constitution to the balance									
If refinancing please complete the below: Name of other financial institution			Reference number of other financial institution (if known)						
Name of other financial institution			Reference number of other infancial institution (if known)						
		_							
5. Authorisation									
I/we:									
• authorise National Australia Bank Limited ABN 12 004 044 937 ("NAB") to surrender the above detailed security, to the representatives detailed above, in exchange for the settlement amount requested by NAB;									
• authorise NAB to provide the Legal Representative or Financial Institution above (or their legally appointed representatives, if applicable) with any information or documentation they require about this account and security in order to effect settlement;									
 authorise NAB to deduct fees and charges, as requested in Section 3, and otherwise authorise NAB to deduct such fees and charges from the settlement proceeds; 									
• agree that, at 06.00 am AEST on the business day before the preferred settlement date, NAB can cancel the right to redraw, the credit limit or any sub account limit for any account which is to be closed and, if specified, any associated portfolio limit.									
Customer 1									
Full Name									
Signature	Date								
×		/	/						
Customara									
Customer 2 Full Name									
Signature	Date								
×		/	/						
^	. –								