

Business Banking Discharge Authority

Macquarie Bank Limited ABN 46 008 583 542 AFSL and Australian Credit Licence 237502 (the Bank)

This form must be completed and signed by the borrowers and any guarantors who are owners of the security/ies to be discharged and returned to your relationship manager or via email to BFSBBDischarges@macquarie.com.

For Solicitor/Conveyancer/Refinance bank use only: To forward a PEXA invite, use "Macquarie Bank Business Banking".

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1. Party Details
Borrower 1
Borrower 2
Borrower 3
Guarantor name(s) (who have provided the security being discharged) ${\it Guarantor}~1$
Guarantor 2
Guarantor 3
2. Details of security to be discharged
Address of all properties to be discharged
Other security to be discharged (General Security Agreement, Shares, Business Assets, etc)

3. Type of Discharge (Please tick)	
Full discharge of loan facility(ies)	
Partial discharge	
Facilities to be discharged or partially discharged	
4. Reason for Discharge (Please tick)	
Sale	
Loan Repaid	
Refinance	
Date of discharge	
5. Contact Details - Solicitor/Conveyancer/Ref	inance bank
Company/Firm name/Refinance Bank	Primary Contact Name
Phone Number	Email
Address	
6. Electronic Control of Title	
Where the discharged property will be unencumbered, you conveyancer listed in Section 5 above.	authorise electronic control of title to be transferred to the solicitor/
7. Paper Certificates of Title (Please complete	• •
	rsical securities that can be returned upon completion of the discharge. lease complete this section to have these documents posted to you (or to
	.g. Australian Driver's Licence or passport) to act on these instructions.
I/We	
 authorise these document(s) to be sent via registered present attached a copy of my/our current photo ID to this or passport). 	ost to the person nominated below and s authority which includes a signature (e.g. Australian Driver's Licence
Full name	
Postal address	

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8. Surplus Funds	6					
You may nominate for funds in	n excess of settlement requireme	ents to be deposited to a Business Bank	ing account with the Bank.			
BSB	SB Account number					
Account name						
If you wish to deposit to any o	ther account, please arrange this	s with your solicitor/conveyancer or refir	nancing bank prior to settlement.			
9. Authorised signatorie	es					
 I/we hereby authorise the Bank to deliver the deed or other documents held by the Bank in accordance with the directions in Section 6 or Section 7, in exchange for an amount sufficient to repay my/our facility(ies) set out in Section 3 plus or minus adjustments. I/we acknowledge that: where required my/our direct debit will be suspended two (2) business days prior to the discharge date. 						
						• in order to calculate a payo
, ,	ent has been booked in and does	not proceed on the scheduled date, I/w				
-	·	le to the Bank and will be included in the sts (as described under the terms of my,	· · · · · ·			
Individual 1		Individual 2	Individual 2			
Signature		Signature				
Full name	Date	Full name	Date			
This section is to be signed by: for a sole director/secretary two directors or a director	y company, the director/company	y secretary; or				
Company 1		Company 2				
Full name of Company	Date	Full name of Company	Date			
Full name of Director/Secretar	у	Full name of Director/Secretary				
Signature		Signature				

Full name of Director

Signature

Full name of Director

Signature