

DISCHARGE AUTHORITY

BMI LOAN ACCOUNT NO.

Request Type

Tick

I / we are selling / have sold my / our property

I am / we are refinancing my / our loan from BMI to another financial institution

I / we have paid off / reduced my loan and would like BMI to release one or more titles

| | | | | |
|---------------------------------|-----------|--|-----------|--|
| BORROWER CONTACT DETAILS | Name | | Name | |
| | Address | | Address | |
| | Email | | Email | |
| | Telephone | | Telephone | |
| | Company | | Company | |
| | ACN/ABN | | ACN/ABN | |
| | Position | | Position | |

| | | | | | | | | |
|-------------------------|-----------------------------------|------------|---|------------|---|------------|---|------------|
| SECURITY DETAILS | Date of Settlement | | | | | | | |
| | Security 1 Address | | | | | | | |
| | Security 2 Address | | | | | | | |
| | Security 3 Address | | | | | | | |
| | Security 4 Address | | | | | | | |
| | Title References (Volume / Folio) | Security 1 | / | Security 2 | / | Security 3 | / | Security 4 |

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|-------------------------|--|---|--|--|--|
| BORROWER DETAILS | Entity Type | <input type="checkbox"/> Company <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Bare Trust <input type="checkbox"/> SMSF <input type="checkbox"/> Partnership | | | |
| | Full Name of entity | | | | |
| | Full name of Trust / Partnership / Association | | | | |
| | ABN / ACN | | | | |
| | Registered Address | | | | |

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|---|--|---|--|--|--|
| REPRESENTATIVE DETAILS | | <input type="checkbox"/> Solicitor <input type="checkbox"/> Conveyancer <input type="checkbox"/> Other Financial Institution <input type="checkbox"/> Myself/Ourselves <input type="checkbox"/> Other (continue to next part) | | | |
| | Name of Organisation | | | | |
| | Contact Name | | | | |
| | Contact Number | | | | |
| | Email Address | | | | |
| | If refinancing, please complete below: | | | | |
| | Financial Institution Name | | | | |
| Contact Details | | | | | |
| Financial Institution Reference Number (If known) | | | | | |

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|---|---|--|--------------------------|
| VERIFICATION OF IDENTITY | Please provide the following: | | Tick |
| | <ul style="list-style-type: none"> at least one of the categories of certified documents from the list below for all individuals, including individual directors, partners and trustees; AND at least one certified document from the list below for the relevant entity type listed above. | | |
| | Individuals Directors, Partners, Trustees | Australian Passport (or foreign passport or Australian Evidence of Immigration Status ImmiCard or Australian Migration Status ImmiCard) <u>plus</u> Australian drivers licence or Photo Card <u>plus</u> change of name or marriage certificate | <input type="checkbox"/> |
| | | Australian Passport (or foreign passport or Australian Evidence of Immigration Status ImmiCard or Australian Migration Status ImmiCard) <u>plus</u> full birth certificate or citizenship certificate or descent certificate <u>plus</u> Medicare or Centrelink or Department of Veterans' Affairs card <u>plus</u> change of name or marriage certificate if necessary | <input type="checkbox"/> |
| | | Australian drivers licence or Photo Card <u>plus</u> full birth certificate or citizenship certificate or descent certificate <u>plus</u> Medicare or Centrelink or Department of Veterans' Affairs card <u>plus</u> change of name or marriage certificate if necessary | <input type="checkbox"/> |
| | | (a) Australian Passport (or foreign passport or Australian Evidence of Immigration Status ImmiCard or Australian Migration Status ImmiCard) <u>plus</u> another form of government issued photographic identity Document <u>plus</u> change of name or marriage certificate if necessary | <input type="checkbox"/> |
| | | (b) Australian Passport or foreign passport or Australian Evidence of Immigration Status ImmiCard or Australian Migration Status ImmiCard <u>plus</u> full birth certificate <u>plus</u> another form of government issued identity Document plus change of name or marriage certificate if necessary | <input type="checkbox"/> |
| | | (a) Identifier Declaration <u>plus</u> full birth certificate or citizenship certificate or descent certificate <u>plus</u> Medicare or Centrelink or Department of Veterans' Affairs card <u>plus</u> change of name or marriage certificate if necessary. | <input type="checkbox"/> |
| | | (b) Identifier Declaration by a Person specified in Verification of Identity Standard paragraph 4.4(e) <u>plus</u> Medicare or Centrelink or Department of Veterans' Affairs card <u>plus</u> change of name or marriage certificate if necessary. | <input type="checkbox"/> |
| | Trust / Partnership SMSF, Bare Trust | Certified Trust Deed Extract (cover page, signing page and first two pages) | <input type="checkbox"/> |
| | | Certified Partnership Agreement Extract (cover page, signing page and first two pages) | <input type="checkbox"/> |
| | | Certificate issued by ASIC or other regulator | <input type="checkbox"/> |
| | Company Domestic or Foreign | Certificate of Registration – ASIC | <input type="checkbox"/> |
| | | Licence or other records from AUST regulator | <input type="checkbox"/> |
| | | ASIC company (or other entity) full company search or most recent annual statement | <input type="checkbox"/> |
| | | Registration or Licence from Foreign regulator | <input type="checkbox"/> |
| Association / Registered Co – ops Incorporated, Unincorporated | Certified Constitution or Rules | <input type="checkbox"/> | |
| | A Certificate issued by ASIC or other regulator | <input type="checkbox"/> | |
| | A certified copy of Minutes of meeting | <input type="checkbox"/> | |

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|----------------------|---|------------|
| AUTHORISATION | I / We | |
| | <ul style="list-style-type: none"> authorise Butler McIntyre Investments Ltd (ABN 94 091 407 046) (BMI) to release the above detailed security to the representative(s) detailed above in exchange for the settlement amount requested by BMI; authorise BMI to provide the legal representative or financial institution above (or their appointed representative(s), if applicable) with any information or documentation they require regarding my / our account in order to effect settlement. | |
| | Borrower 1 | Borrower 2 |
| | / / | / / |
| | Signature | Date |
| Print Full Name | Print Full Name | |