

Reduce Advance Repayments (Capitalisation)

Please allow 5 busine	ss days for this reques	t to be processed.	
Date	Loan account number		
1 1			
Borrower(s) detai	ls		
Name (1)		Phone (H)	Phone (W)
Name (2)		Phone (H)	Phone (W)
Name (3)		Phone (H)	Phone (W)
Name (4)		Phone (H)	Phone (W)
Request from Bor	rower All borrowers	e to sign	
·	• •	s on my Home Loan. By making this re	quest I accept that I will not be able to redraw
these funds in the	future.		
OR			
☐ I request to clear \$	<u> </u>	from the advance repayments o	n my Home Loan. By making this request
I accept that I will	not be able to redraw	these funds in the future.	
OR			
☐ I request to clear a	advance repayments o	n my Home Loan so that my monthly r	epayment amount is reduced to
\$	By making	this request I accept that I will not be	able to redraw the advanced repayments.

Privacy Statement

All personal information and credit-related information we collect about you is collected, used and disclosed by us in accordance with our Privacy Statement which is available at <a href="style="style-type: style-type: sty

Name of Borrower	Signature	Date
	X	
Name of Borrower	Signature	Date
	x	1 1
Name of Borrower	Signature	Date
	X	1 1
Name of Borrower	Signature	Date
	X	1 1
Name of Borrower	L Signature	Date
	X	1 1
Name of Borrower	Signature	Date
	X	1 1
Name of Company Borrower (Residentia	Loans Only)	
Signature authorised person	Signature authorised person	Date / /
×	×	
Bank Use Only		
Branch name	Employee Name and No.	

Please fax to (02) 9055 1963 or post to Loans Administration, Locked Bag 1, Kogarah NSW 1485.