



Rabobank

October 2016

Account Closure/Discharge Authority

From the world's leading food and agribusiness bank

Rabobank Australia Limited
ABN 50 001 621 129 AFSL 234 700

To contact your nearest branch
please call 1300 30 30 33

www.rabobank.com.au

This instruction for the release of security deeds and other documents, and/or account closure must be signed by all Account Owners and any additional mortgagors of the properties set out in the SCHEDULE in section B.

To: The Manager, Rabobank

Branch address

Date

Account Details

Account name/Business name/Partnership name/Trust name

Section A Accounts to be repaid

Account number

Current Loan Limit

Visa Credit Card Number(s)

Card Limit

Other products to be closed

- Equipment Finance
- FX/Derivatives/Global Financial Markets
- Other (Provide details below i.e. Fixed rates to be broken, Security Deposits, Guarantees)

Bank Use Only

Important: Cut-off time for receipt of closure requests is 3.00pm (AEST) each business day. Account details listed must apply to the same customer ID number.

Client number

Work request number

Indicative request Final closure

Requested by name

Branch

Effective Date

CSU Use Only

Tick if converting to credit only

Indicative amount

Firm amount

Discharge Fee (insert fee amount)

Encashment facility ("CCA")

(Provide Customer Care printout and lodge a Disposition Form)

Total

Total

Completed by/date

Completed by/date

Advise Operations to load Posting Restriction

Instruction for Surplus Funds

In the event that funds deposited exceed the amount required to pay all monies due to Rabobank, surplus monies are to be deposited as follows:

BSB No.	Account number	Account name
<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>

Reason for closure

Section B Instruction for Release of Security

Instruction for Securities

Name

You are hereby authorised to hand over to

Postal address Postcode

Telephone (work)	Telephone (home)	Legal Rep/Bank
<input type="text"/>	<input type="text"/>	<input type="text"/>

the deeds or other documents, as listed in the SCHEDULE below held by you on my/our account.

SCHEDULE

Property/security will be Refinanced Sold Release only

Address of Property	Certificate of Title Details
1. <input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>

Other documents

1.

2.

3.

Bank Panel use Only

WBC Payment Account Details

Panels to note the below WBC accounts for settlement payments (as relevant)

<input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="4"/>	<input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="5"/> <input type="text" value="1"/> <input type="text" value="8"/> <input type="text" value="7"/>	Term Loans
<input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/>	<input type="text" value="3"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="4"/> <input type="text" value="2"/> <input type="text" value="9"/>	EF
<input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/>	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/>	GFM

Office Use Only

Receipt of funds confirmed Funds distributed Confirmation received from other departments confirming accounts closed

WR number

Completed by (name)

Completed by (signature)

Date entries raised

Section C Client Signature(s) and Declaration (all Account Owners and any additional mortgagors of the properties set out in the Schedule must sign this section)

Declaration

Rabobank and the officers of Rabobank shall not be liable for any acts, errors or omissions (negligent or otherwise) on the part of Rabobank or any officer of Rabobank whatsoever in connection with this request, to the extent permitted by law.

I/We confirm that I/We have returned all:

- Unused cheques
- Rabobank Internet Banking token(s), if no longer attached to an active account
- Rabobank VISA Debit or Credit Card(s), if no longer attached to an active account

I/We understand and accept that any unpresented cheques at the time of closure will not be honoured.

I/We agree to pay the outstanding balance(s) on any Rabobank Visa Card account(s) linked to the All in One Account(s) noted in Section A above.

I/we agree to pay all monies due to Rabobank associated with the linked Visa Credit Cards as referenced in Section A.

I/We acknowledge that there may be fees associated with the release of securities and other documents set out in the SCHEDULE in accordance with the terms and conditions of the Account and that these fees are contained in the Rabobank All In One Fees Schedule which applies to my/our Account.

I/We note that government fees and charges may also apply.

I/We agree to pay all monies due to Rabobank associated with the release of the securities and other documents set out in the SCHEDULE in accordance with the terms and conditions of the Account.

I/We note that early repayment of Fixed Rate bookings may incur break costs (Please refer to the relevant product Terms & Conditions).

I/We note that Direct Debits/Periodical Payments/Automatic Payments will be cancelled at time of account closure.

I/We authorise Rabobank to provide my/our Legal Representative or the other Financial Institution set out above (or their legally appointed representative) with any information and documentation about the Account (including the security deeds and other documents set out in the SCHEDULE) that is required to effect settlement.

Execution by Individuals

1. Signature of Account Owner/Mortgagor/Grantor/Primary Cardholder

Name of Account Owner/Mortgagor/
Grantor/Primary Cardholder

Date

 / /

2. Signature of Account Owner/Mortgagor/Grantor/Primary Cardholder

Name of Account Owner/Mortgagor/
Grantor/Primary Cardholder

Date

 / /

3. Signature of Account Owner/Mortgagor/Grantor/Primary Cardholder

Name of Account Owner/Mortgagor/
Grantor/Primary Cardholder

Date

 / /

4. Signature of Account Owner/Mortgagor/Grantor/Primary Cardholder

Name of Account Owner/Mortgagor/
Grantor/Primary Cardholder

Date

 / /

Execution by Companies (Account owner/Mortgagor/Grantor)

Executed by

ACN

by the person(s) named below in accordance with its constitution and section 127(1) of the Corporations Act:

OR

The common seal of

ACN was affixed in accordance with its constitution and section 127(2)

of the Corporations Act in the presence of the person(s) named below:

Signature of Sole Director & Sole Secretary/Director

Signature of Director/Secretary

Name of Sole Director and Sole Secretary/Director
(delete whichever is not applicable)

Name of Director/Secretary
(delete whichever is not applicable)

Date

 / /

Affix Company Seal here
(if applicable)

NOTE: If the company's common seal is **not** affixed in the space provided above, then the Bank is entitled to presume that this document has been signed by the company pursuant to section 127(1) of the Corporations Act.

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