

## Reduce Advance Repayments (Capitalisation).

Please allow 5 business days for this request to be processed.

Date	Loan account number				
/ /					
Borrower(s) details.					
Bollowel (s) details.					
Name (1)		Home Telephone	Business Telephone		
		( )	( )		
Name (2)		Home Telephone	Business Telephone		
		( )	( )		
Name (3)		Home Telephone	Business Telephone		
		( )	( )		
Name (4)		Home Telephone	Business Telephone		
		( )	( )		
Request from Borro	wer.				
I request to clear all advance repayments on my Home Loan. By making this request I accept that I will not be able to redraw these funds in the future.					
OR					
All Borrowers to sign					
I request to clear \$ from the advance repayments on my Home Loan.					
By making this req	uest I accept that I will not be able to redrav				
OR					
I request to clear advance repayments on my Home Loan so that my monthly repayment amount is reduced to					
\$					
By making this req	uest I accept that I will not be able to redrav	w 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="mailto:bankofmelbourne.com.au/privacy/privacy-statement">bankofmelbourne.com.au/privacy/privacy-statement</a> or by calling us on 13 22 66. Our Privacy Statement also provides information about how you can access and correct your personal information, and make a complaint. You do not have to provide us with any personal information or credit information but, if you don't, we may not be able to process your application or request.

Request from Borrower. (continued)						
Name of Borrower		Name of Borrower				
Signature	Date	Signature	Date			
X	/ /	X	/ /			
Name of Borrower		Name of Borrower				
Signature	Date	Signature	Date			
×	/ /	X	/ /			
Name of Guarantor		Name of Guarantor				
Signature	Date	Signature	Date			
X	/ /	X	/ /			
Name of Company Borrower (Residential Loans Only)						
Signature of Authorised Person	Date	Signature of Authorised Person	Date			
X	/ /	X	/ /			
Bank Use Only.						
Branch Name		Employee Name and No.				

Once the form is fully completed and signed:

**Email:** <u>loansadministration@bankofmelbourne.com.au</u>; or

**Post:** Loans Administration, Locked Bag 1, Kogarah NSW 1485

**Branch:** Hand in at any Bank of Melbourne branch.