

## **#REG12 - RELEASE OF CHARGE**

Authorised By:	Signature: Date:
Checked By:	Signature: Date:
Entered By:	Signature: Date:
FOR ECCSD USE	
c) Notary Public:	(Please affix seal)
Occupation of Witness: Please tick appropriate Occup a) Licensed Principal b) Employee of ECCSD:	ation (Please apply stamp)
Address of Witness:	
Name of Witness (PLEASE PRINT)	
Signature of Witness:	
Signature of Chargee:	
Number of Units to be Releas	ed:
Securities (Name(s) and Type	(s)):
Name of Chargor: (PLEASE PRINT)	
Email Address:	
Telephone Nos:	
Address of Chargee:	
Name of Chargee: (PLEASE PRINT)	

The fee payable for a Release of Charges is \$20.00