



Tenancies Branch
Level 1, 91-97 Grenfell Street, ADELAIDE SA 5000 Office hours: 8.30 am - 5 pm
GPO Box 965, ADELAIDE SA 5001
Telephone: 131 882
www.cbs.sa.gov.au

OFFICE USE ONLY

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| SECURITY BOND NO |
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RETAIL & COMMERCIAL LODGEMENT OF SECURITY BOND FORM

PLEASE COMPLETE FORM IN CLEAR PRINT USING BLUE OR BLACK PEN

IMPORTANT

Lessors must lodge this form within 7 days and agents within 28 days of receipt of the full or any part payment of bond moneys.

If the lessee does not sign this form, the bond must still be lodged within the required time frame.

A separate form must be lodged for each tenancy.

Make cheques payable to the "Retail Shop Leases Fund".

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| Address of rental premises (USE BLOCK LETTERS) |
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| |
| Postcode: |

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| Details of bond |
| Rental \$ (paid weekly, fortnightly, monthly - <i>delete which is not applicable</i>) |
| Agreement commenced:/...../..... |
| Bond received by agent/lessor:/...../..... |
| Amount of bond \$ |
| NB: The maximum amount of bond that can be required is the equivalent of four weeks' rent. (Please refer to Section 19 of the Retail and Commercial Leases Act 1995). |
| Amount of rent per calendar month X 12 (months) ÷ 365 (days/year) X 7 (days/week = rent per week |

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|--|---|
| Lessee (tenant) details (USE BLOCK LETTERS) | Contact phone number |
| Organisation/trading name: | Work: |
| Surname: First name: | Mobile: |
| Lessee address: | Home: |
| Postcode: | Please see reverse side if more than one lessee. |

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|--|-----------------------------|
| Lessor (landlord) details (USE BLOCK LETTERS) | Contact phone number |
| Organisation/trading name: | Work: |
| Surname: First name: | Mobile: |
| Lessor address: | Home: |
| Postcode: | |

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|--|-----------------------------|
| Agent Details (USE BLOCK LETTERS) | Contact phone number |
| Agency name: Contact person: | Work: |
| Agency address: | Mobile: |
| Postcode: | Home: |

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|--|-------------------------|
| Signatures (PLEASE SIGN IN BLUE OR BLACK INK) | |
| Signature of lessee/s | Date:/...../..... |
| Signature of lessor/agent | Date:/...../..... |

Please submit original forms only - faxes or e-mails not accepted

| Lessee (<i>tenant</i>) details (USE BLOCK LETTERS) | Contact phone number |
|---|-----------------------------|
| Organisation/trading name: | Work: |
| Surname: First name: | Mobile: |
| Lessee address: | Home: |
| Postcode: | |

| Lessee (<i>tenant</i>) details (USE BLOCK LETTERS) | Contact phone number |
|---|-----------------------------|
| Organisation/trading name: | Work: |
| Surname: First name: | Mobile: |
| Lessee address: | Home: |
| Postcode: | |

| Lessee (<i>tenant</i>) details (USE BLOCK LETTERS) | Contact phone number |
|---|-----------------------------|
| Organisation/trading name: | Work: |
| Surname: First name: | Mobile: |
| Lessee address: | Home: |
| Postcode: | |

| Lessee (<i>tenant</i>) details (USE BLOCK LETTERS) | Contact phone number |
|---|-----------------------------|
| Organisation/trading name: | Work: |
| Surname: First name: | Mobile: |
| Lessee address: | Home: |
| Postcode: | |