



Tenancies Branch
Level 1, 91-97 Grenfell Street, ADELAIDE SA 5000
GPO Box 965, ADELAIDE SA 5001
Telephone: 8204 9555 (Bonds)
8204 9533 (Retail and Commercial Advice)

Office Hours: 8.30 am - 5 pm

Refunds available between
9am and 4.30pm, Mon - Fri

SECURITY BOND NO (IF KNOWN)

RETAIL & COMMERCIAL SECURITY BOND REFUND FORM

PLEASE FILL OUT FORM IN CLEAR PRINT USING BLUE PEN

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

| | |
|-----------------------------------|----------------------------|
| Address of rental premises | (use BLOCK letters) |
| | |
| | |
| Postcode | |

| | | |
|-------------------------------------|--------|---|
| Name of lessee (<i>tenant</i>) 1: | Phone: | Amount to be paid to lessee1 \$ |
| Forwarding address: | | |
| Name of lessee (<i>tenant</i>) 2: | Phone: | Amount to be paid to lessee 2 \$ |
| Forwarding address: | | |
| Name of lessee (<i>tenant</i>) 3: | Phone: | Amount to be paid to lessee 3 \$ |
| Forwarding address: | | |
| Lessor (<i>landlord</i>)/agent: | Phone: | Amount to be paid to lessor/agent \$ |
| Address: | | |

| | |
|---|----|
| Total bond value | \$ |
| (This amount must not exceed the total amount of bond held by the Tenancies Branch) | |

| Signatures of applicants | Date |
|--------------------------|------|
| Lessee 1 | / / |
| Lessee 2 | / / |
| Lessee 3 | / / |
| Lessor/Agent | / / |

PLEASE COMPLETE ALL SECTIONS, INCLUDING THOSE ON THE BACK OF THIS FORM, BEFORE SIGNING. Only those people who are registered with the Tenancies Branch for this bond should sign.

DO NOT SIGN A BLANK FORM.

Has an application for refund been lodged for this bond previously? No Yes

Has the tenancy been terminated? No Yes Termination date/...../.....

This section to be completed ONLY if lessee portion of bond refund being claimed by 1 lessee in a multiple lessee occupancy.

I authorise the Tenancies Branch to make this cheque in my name only.
 I understand that if there is a dispute to this payment, it may lead to a civil claim and is not the responsibility of the Tenancies Branch.

Name:

Signature:

IMPORTANT

1. Payment is made by cheque and is available upon presentation of this form, providing that all details are fully completed and correct.
2. The signature of the parties signing this claim should be the same as those appearing on the lodgement form. If not, the change should be advised in writing, containing the signatures of both the original and new parties.
3. Whilst the signatures of the parties signing this claim are compared against the signatures appearing on the lodgement form, no liability attaches to the Tenancies Branch where the signatures are not in the genuine hand of the original signatory or a person authorised to sign on their behalf.
4. Any alterations on this form must be **signed in full** by all parties.
5. Cheques will be drawn payable to **all parties** appearing on the original lodgement form unless the above authority is completed.
6. Always quote your security bond number in any communication with the Tenancies Branch.

OFFICE USE ONLY

| | Cheque No | Amount |
|----------|--------------|--------|
| Lessee 1 | | |
| Lessee 2 | | |
| Lessee 3 | | |
| LL/agent | | |
| | TOTAL | |

7-day letter sent:/...../.....

Expiry date:/...../.....

Signature 1.

Signature 2.