

## RENTAL BONDS

OFFICE OF REGULATORY SERVICES
Department of Justice and Community Safety

## REFUND OF BOND FORM

Form 602 - R

Residential Tenancies Act 1997



#### **IMPORTANT INFORMATION**

This form is to be used to refund a residential bond under the *Residential Tenancies Act 1997* (the Act). You can access the Act at www.legislation.act.gov.au. You may also obtain further information and forms at www.ors.act.gov.au.

#### **PRIVACY INFORMATION**

The Act authorises the Registrar-General to collect the information required by this form. The Registrar-General prevents any unreasonable intrusion into a person's privacy in accordance with the *Privacy Act 1988* (C'wlth). However, the Registrar-General provides identifiable information to law enforcement organisations and authorised organisations that have legal authority to request information under prescribed circumstances. Non-identifying information is regularly released to the Real Estate Institute of Australia.

#### **CONTACT INFORMATION**

Send completed forms to the Office of Regulatory Services: GPO Box 158, Canberra ACT 2601

Lodge in person at the **Office of Regulatory Services:** 255 Canberra Avenue, Fyshwick ACT 2609
Office Hours: 9:00am to 4:30pm Monday to Friday

General enquiries telephone number: (02) 6207 1178
Website address: www.ors.act.gov.au

#### INSTRUCTIONS FOR COMPLETION

- If completing this form by hand please use a black pen only.
- Any alteration to information provided on this form must be struck through with a black pen. Substitute information must be clear and all parties must sign in the margin. Do not use correction fluid or tape.
- Refunds are paid by 'Non Negotiable' cheque or by electronic funds transfer (EFT). Cash refunds are not available.
- EFT account details are not completed in full refunds will be paid by cheque or held as unclaimed monies.
- If the funds are to be deposited by EFT into a third party account, the third party account details must be noted next to the tenant or lessor's name and the tenant/s or lessor must sign, authorising the funds to be refunded into the third party account.
- Only persons that have contributed to the bond should be noted as tenants. Children of the tenants or any other person that does not contribute to the payment of the bond should not be noted on this form.
- To avoid unnecessary delays, please ensure that the form is completed correctly and in full.
- Please note bond money will be divided equally among the tenants noted on the bond lodgement form upon receipt of
  a validly completed refund of bond form. If the tenants do not wish the bond to be refunded in equal amounts, a
  written statement signed by all tenants must accompany the refund of bond form indicating the amount to be refunded
  to each tenant.

PORTUGUESE Se você precisar da ajuda de um intérprete, telefone:
SERBIAN Ako вам је потребна помоћ преводноца телефонира}та
SPANISH Si necesita la asistencia de un intérprete, llame al:
TURKISH Tercümana intiyacienuz varsa lūtfen telefon ediniz:
VIETNAMESE Néu bạn cần một người thông-ngôn hãy gọi diện-thoại:

TRANSLATING AND INTERPRETING SERVICE

TRANSLATING AND INTERPRETING SERVICE 131 450



# RENTAL BONDS OFFICE OF REGULATORY SERVICES Department of Justice and Community Safety

## **REFUND OF BOND FORM**

DEPARTMENT OF
JUSTICE & COMMUNITY SAFETY

Amount of bond to be refunded to the Lessor/Managing

Agent

Form 602 - R

Amount of bond to be refunded to the Tenant

Residential Tenancies Act 1997

RENTED PREMISES DETAILS							
Unit Number	Street Number	Street & Complex Name (If Applicable)	Suburb	Postcode			
REFUND DETAILS (Do not sign a blank form, ensure this section is completed in full before signing)							

## TENANT DETAILS (Only tenants that have contributed to the bond, not children or other people that have not contributed to the bond, should be noted) **Full Name Account Holders Name Postal Address Account Number BSB Number (6 digits)** Suburb / Postcode **Bank and Branch Name Contact Phone Number** Signature **Date Signed Full Name Account Holders Name Postal Address Account Number BSB Number (6 digits)** Suburb / Postcode **Bank and Branch Name Contact Phone Number Signature Date Signed Full Name Account Holders Name Postal Address Account Number BSB Number (6 digits)** Suburb / Postcode **Bank and Branch Name Contact Phone Number** Signature **Date Signed**

LESSOR / MANAGING AGENT DETAILS					
Full Name or Company	Account Holders Name				
Postal Address	Account Number				
	BSB Number (6 digits)				
Suburb / Postcode	Bank and Branch Name				
Signature	Contact Phone Number				
Signature	Date Signed				

OFFICE USE ONLY					
Received By: Mail / Counter / Fax	Processed By:	Authorised By:			