



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

TRANSFER OF PREMISES FORM

Form 606 - TP

Residential Tenancies Act 1997



IMPORTANT INFORMATION

This form is to be used to transfer a residential bond from one premise to another 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.
- This office will not process this form if it is not completed in full.
- 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.
- All tenants currently registered on the bond must be listed and sign on page two of this form.
- If the bond amount is to increase, please attach a cheque or money order for the difference, made payable to Rental Bonds.
- All persons referred to on this form must sign in the relevant section. This form is unable to be processed if not signed by all persons.
- Please note bond money will be divided equally among the tenants noted on this form upon lodgement 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.

ENGLISH	If you need interpreting help, telephone:
ARABIC	: إذا احتجت مساعدة في الترجمة الشفوية، اتصل برقم الهاتف:
CHINESE	如果你需要传译员的帮助，请打电话:
CROATIAN	Ako trebate pomoć tumača telefonirajte:
GREEK	Αν χρειάζεστε διαμετνήα τηλεφωνήσετε στο
ITALIAN	Se avete bisogno di un interprete, telefonate al numero:
MALTESE	Jekk għandek bżonn l-għajjuna t'interpretu, cempel:
PERSIAN	: اگر به ترجمه شفاهی احتیاج دارید به این شماره تلفن کنید:
PORTUGUESE	Se você precisar da ajuda de um intérprete, telefone:
SERBIAN	Ako vam je potrebna pomoć prevodioca telefoniрајte:
SPANISH	Si necesita la asistencia de un intérprete, llame al:
TURKISH	Tercümana ihtiyacınız varsa lütfen telefon ediniz:
VIETNAMESE	Nếu bạn cần một người thông-ngôn hãy gọi điện-thoại:
TRANSLATING AND INTERPRETING SERVICE	
131 450	
<small>Canberra and District - 24 hours a day, seven days a week</small>	



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CURRENT RENTED PREMISES DETAILS

Unit Number	Street Number	Street & Complex Name (If Applicable)	Suburb	Postcode

NEW RENTED PREMISES DETAILS

Unit Number	Street Number	Street & Complex Name (If Applicable)	Suburb	Postcode

STATISTICAL INFORMATION FOR NEW PREMISES

Commencement Date of New Tenancy	Number of Bedrooms	Dwelling Type
		<input type="checkbox"/> Separate House <input type="checkbox"/> Townhouse/Semi-Detached <input type="checkbox"/> Flat/Unit

BOND VALUE DETAILS

Bond Value Current Premises	Bond Value New Premises	Value of Difference Between Current and New Premises	New Premises Weekly Rent	Date Bond Received by Lessor/Agent

TENANT DETAILS (This form cannot be used to change the tenant/s listed on the bond)

Full Name		Daytime Phone Number	
Postal Address		Alternate Phone Number	
Suburb / Postcode		Date Signed	
Signature			
Full Name		Daytime Phone Number	
Postal Address		Alternate Phone Number	
Suburb / Postcode		Date Signed	
Signature			

Full Name		Daytime Phone Number	
Postal Address		Alternate Phone Number	
Suburb / Postcode		Date Signed	
Signature			
Full Name		Daytime Phone Number	
Postal Address		Alternate Phone Number	
Suburb / Postcode		Date Signed	
Signature			

LESSOR / MANAGING AGENT DETAILS

Full Name or Company		Daytime Phone Number	
Postal Address		Alternate Phone Number	
Suburb / Postcode		Date Signed	
Signature			

OFFICE USE ONLY

Received By: Mail / Counter / Fax	Processed By:	Authorised By:
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