

Use <u>Blue or Black</u> pen only

Write in CAPITAL letters inside the boxes

Bond Claim Form - Page 1 Rental Deposit Authority

Fax both pages of form to 1300 737 487 or send original form to PO Box 56, Rosny, TAS 7018

Product Code 94

* Indicates Mandatory Fields

FORMS WITH MISSING	INFORMATION, ERA	SURES OR ALTERA	TIONS WILL NOT	BE PROCESSED		
Details of Bond (from	n the bond receipt)					
Bond No.*						Total Bond*
						\$
Property Owner / Age	ent Details					
Agent ID	Family Nam	e/ Business Name*			Given Name*	
	Or					
P.O. Box No.	Room / Unit No. S	Street No.*	Street Name*			
Suburb*			State*	Post Code*	Mobile No. Mar	ndatory if the SMS box is marked
Email Address Mandatory if the email box is marked				Preferred mode of contact* Mark X in one box only		
				SMS Email Post DO NOT LEAVE AMOUNT BLANK		
BSB No.*	Account No.*					
				Pay Propert	ty Owner / Agent [*]	· \$
Name Account Held In*					Signature*	Never sign a blank form
					x	
Bank Name*			Date Signed*			
			/	/ 2 0	I confirm the informa	tion provided on this form is accurate
Tenant Details (Pleas	se provide your cur	rent contact detail	s in case we nee	ed to contact yo	ou for any clarific	ations)
Tenant 1 Family Name*			Given Name*			
P.O. Box No.	Room / Unit No. S	treet No.*	Street Name*			
Suburb*			State*	Post Code*	Mohile No. Man	datory if the SMS box is marked
			State	1 ost oode	MODILE NO. Man	datory if the own box is marked
Email Address Mandatory	v if the email box is marke	ed		Preferred	mode of contact* A	Mark X in one box only
				Preferred mode of contact* Mark X in one box only SMS Email Post DONOT FAVE AMOUNT PLANK		
BSB No.*	Account No.*					DO NOT LEAVE AMOUNT BLANK
					Pay Tenant 1	1* \$
Name Account Held In*					Signature*	Never sign a blank form
					x	
Bank Name*			Date Signed*			
				/ 2 0	I confirm the informa	tion provided on this form is accurate
Tenant 2 Family Name*			Given Name*			
P.O. Box No.	Room / Unit No. S	treet No.*	Street Name*			
Suburb*			State*	Post Code*	Mobile No. Man	datory if the SMS box is marked
- "						
Email Address Mandatory if the email box is marked				Preferred mode of contact* Mark X in one box only SMS Email Post		
BSB No.*	Account No.*			Sivis	Liliali FUSI	DO NOT LEAVE AMOUNT BLANK
	7.5554.11.110.				Pay Tenant 2	2* \$
Name Account Held In*					Signature	Never size a block for
					Signature*	Never sign a blank form
Bank Name*			Date Signed*		^	
			1	/ 2 0	I confirm the informa	tion provided on this form is accurate
Continued in Next Page						



RDA-- CLAIM02-100909

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Bond Claim Form - Page 2 Rental Deposit Authority

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Office Use Only

FORMS WITH MISSING INFORMATION, ERASURES OR ALTERATIONS WILL NOT BE PROCESSED Tenant Details (Please provide your current contact details in case we need to contact you for any clarifications) **Tenant 3 Family Name* Given Name*** P.O. Box No. Room / Unit No. Street No.* Street Name* Post Code* Suburb* State* Mobile No. Mandatory if the SMS box is marked Email Address Mandatory if the email box is marked Preferred mode of contact* Mark X in one box only SMS Email DO NOT LEAVE AMOUNT BLANK **BSB No.* Account No.*** Pay Tenant 3* \$ Name Account Held In* Signature* Never sign a blank form X **Bank Name*** Date Signed* 120 I confirm the information provided on this form is accurate **Given Name* Tenant 4 Family Name*** P.O. Box No. Room / Unit No. Street No.3 Street Name* Suburb* State* Post Code^{*} Mobile No. Mandatory if the SMS box is marked Email Address Mandatory if the email box is marked Preferred mode of contact* Mark X in one box only SMS DO NOT LEAVE AMOUNT BLANK **BSB No.*** Account No.* Pay Tenant 4* \$ Name Account Held In* Signature* Never sign a blank form Date Signed* **Bank Name*** / 2 0 I confirm the information provided on this form is accurate **Deposit Contributors** Deposit Contributor details* Mark X in one box only Pay Anglicare / Colony 47* Anglicare Colony 47 Signature* Never sign a blank form Date Signed* / 2 0 I confirm the information provided on this form is accurate **Individual Contributor Family Name*** Given Name* P.O. Box No. Room / Unit No. Street No.* Street Name* Suburb* State* Post Code* Mobile No. Mandatory if the SMS box is marked Email Address Mandatory if the email box is marked Preferred mode of contact* Mark X in one box only SMS Email Post DO NOT LEAVE AMOUNT BLANK **BSB No.*** Account No. Pay Individual Contributor* Name Account Held In* Signature* Never sign a blank form X **Bank Name*** Date Signed* / 2 0 I confirm the information provided on this form is accurate