



Use Blue or Black pen only

Write in CAPITAL letters inside the boxes

Bond Claim Form - Page 2

Rental Deposit Authority

* Indicates Mandatory Fields

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*				
Suburb*		State*	Post Code*		Mobile No. <small>Mandatory if the SMS box is marked</small>		
Email Address <small>Mandatory if the email box is marked</small>				Preferred mode of contact* <small>Mark X in one box only</small>			
				SMS <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> DO NOT LEAVE AMOUNT BLANK			
BSB No.*		Account No.*		Pay Tenant 3* \$			
Name Account Held In*				Signature* <small>Never sign a blank form</small>			
				X			
Bank Name*			Date Signed*				
			/ / 2 0				
							<small>I confirm the information provided on this form is accurate</small>

Tenant 4 Family Name*				Given Name*			
P.O. Box No.	Room / Unit No.	Street No.*	Street Name*				
Suburb*		State*	Post Code*		Mobile No. <small>Mandatory if the SMS box is marked</small>		
Email Address <small>Mandatory if the email box is marked</small>				Preferred mode of contact* <small>Mark X in one box only</small>			
				SMS <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> DO NOT LEAVE AMOUNT BLANK			
BSB No.*		Account No.*		Pay Tenant 4* \$			
Name Account Held In*				Signature* <small>Never sign a blank form</small>			
				X			
Bank Name*			Date Signed*				
			/ / 2 0				
							<small>I confirm the information provided on this form is accurate</small>

Deposit Contributors

Deposit Contributor details* <small>Mark X in one box only</small>						Pay Anglicare / Colony 47* \$	
Anglicare <input type="checkbox"/>	Colony 47 <input type="checkbox"/>						
						Signature* <small>Never sign a blank form</small>	
						X	
Date Signed*							
/ / 2 0							
<small>I confirm the information provided on this form is accurate</small>							

Individual Contributor Family Name*				Given Name*			
P.O. Box No.	Room / Unit No.	Street No.*	Street Name*				
Suburb*		State*	Post Code*		Mobile No. <small>Mandatory if the SMS box is marked</small>		
Email Address <small>Mandatory if the email box is marked</small>				Preferred mode of contact* <small>Mark X in one box only</small>			
				SMS <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> DO NOT LEAVE AMOUNT BLANK			
BSB No.*		Account No.*		Pay Individual Contributor* \$			
Name Account Held In*				Signature* <small>Never sign a blank form</small>			
				X			
Bank Name*			Date Signed*				
			/ / 2 0				
<small>I confirm the information provided on this form is accurate</small>							

Office Use Only