

DAMAGE BOND REFUND FORM

Contact Details

Name:
Address:
Phone Number: Email Address:

Strata Plan Details

Strata Plan No. Lot No. Unit No.
Address of Strata Scheme:

Refund Details

Request Date: Refund Amount: \$.00
Bank Account Holder Name:
BSB Number: -- Account Number:

*Note: Funds may take 3-5 business days to transfer into your account.
Please contact our office if there are any issues.*

Applicants' Signature

Print Name: Signature:

Office Use Only

Receipt Sighted: Yes No Amount: \$.00

Account Code: **133001** Description: Lot

Staff Name: Staff Signature:

Date: