



Government
of South Australia

IMPORTANT INFORMATION:

Please ensure your EFT details are completed in full.



Small Business
Commissioner
SOUTH AUSTRALIA

SECURITY BOND NO

Please return this form to:

Office of the Small Business Commissioner
GPO Box 1264 ADELAIDE SA 5001
Chesser House, Level 4, 95 Grenfell Street, ADELAIDE SA 5000
Office hours: 9:00am – 5:00pm Telephone: 1800 072 722 or 8303 2026
www.sasbc.sa.gov.au or e-mail sasbc.retailbonds@sa.gov.au

RETAIL & COMMERCIAL SECURITY BOND REFUND FORM

PLEASE COMPLETE FORM IN CLEAR PRINT

Address of rental premises		Postcode	
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Name of Lessee 1:	Daytime phone no:	Amount to be paid to Lessee 1	SIGNATURE of Lessee 1 Do not sign a blank form
Forwarding address		\$*	

Complete ALL account details for the EFT payment and don't forget your signature

Name of Australian bank/building society/credit union		Name of account holder (Must not be in a third party account)	
BSB no	Account no	Date	

Name of Lessee 2:	Daytime contact no:	Amount to be paid to Lessee 2	SIGNATURE of Lessee 2 Do not sign a blank form
Forwarding address		\$*	

Complete ALL account details for the EFT payment and don't forget your signature

Name of Australian bank/building society/credit union		Name of account holder (Must not be in a third party account)	
BSB no	Account no	Date	

Name of Lessee 3:	Daytime contact no:	Amount to be paid to Lessee 3	SIGNATURE of Lessee 3 Do not sign a blank form
Forwarding address		\$*	

Complete ALL account details for the EFT payment and don't forget your signature

Name of Australian bank/building society/credit union		Name of account holder (Must not be in a third party account)	
BSB no	Account no	Date	

Name of Lessor/Agent/Proprietor:	Daytime contact no:	Amount to be paid to Lessor/Agent /Proprietor	SIGNATURE of Lessor/Agent/Proprietor Do not sign a blank form
Forwarding address		\$*	

Complete ALL account details for the EFT payment and don't forget your signature

Name of Australian bank/building society/credit union		Name of account holder (Must not be in a third party account)	
BSB no	Account no	Date	

(* Add together all the \$ amounts listed and insert the total here. →

This amount must equal the total amount of bond held by the Office of the Small Business Commissioner)

Total bond
\$

- NB.**
- The name and signatures above **MUST** match those on the documentation currently held by this office.
 - The bank account details **MUST** match the parties of the bond. Monies cannot be paid into a third party account.

By completing the above EFT details you are:

- Authorising the Office of the Small Business Commissioner to use the listed number to transfer moneys owing to you into **your account** listed above.
- Guaranteeing that the information provided above is correct, and agreeing to indemnify the Office of the Small Business Commissioner against any loss or damage suffered if the details provided are incorrect.

APPLYING FOR A BOND REFUND WHERE BOTH PARTIES AGREE:

Both parties are to complete, sign and lodge this form with The Office of the Small Business Commissioner.

Note: The signatures of both parties are not required where the person who signs this form is not seeking any portion of the bond money. However, the person whose EFT details appear on the form must sign it.

**APPLYING FOR A BOND REFUND WHERE BOTH PARTIES DO NOT AGREE,
OR THE OTHER PARTY IS UNABLE TO SIGN:**

Either party can complete, sign and lodge this form. If a bond refund form is received without the other party's signature, the other party will be given an opportunity to dispute the claim. If the claim is not disputed, the bond may be paid out as claimed. If the claim is disputed, the Office of the Small Business Commissioner will refer the matter to the Magistrates Court.

IMPORTANT

1. Payment is made by electronic funds transfer (EFT) ONLY upon presentation of this form, providing that all details are fully completed and correct.
2. The signature of the parties signing this claim should be the same as those appearing on the bond lodgement form. If not, the change should be advised in writing, containing the signatures of both original and new parties.
3. Any alterations on this form must be **signed in full** by all parties.
4. Whilst the signatures of the parties signing this claim are compared against the signatures appearing on the lodgement form, no liability attaches to the Office of the Small Business Commissioner where the signature are not in the genuine hand of the original signatory or a person authorised to sign on their behalf.
5. Lessee refunds will be paid equally to **all Lessees** appearing on the documentation currently held by this office unless the authority below is completed.
6. Bonds **cannot** be partially refunded.

This section to be completed ONLY if 1 Lessee is claiming the full Lessee portion of the bond refund in a multiple Lessee occupancy.

I authorise The Office of the Small Business Commissioner to make this payment in my name only.
I understand that if there is a dispute to this payment, it may lead to a civil claim and is not the responsibility of The Office of the Small Business Commissioner.

Name:

Signature