

CLAIM FORM

FOR A RESIDENTIAL TENANCY BOND HELD IN TRUST BY THE COMMISSIONER OF TENANCIES

Surname:

(Note: The surname should be the one in use at the time of the tenancy)

Other names: Mr/Mrs/Miss/Ms

Current address:

Contact details: (phone: mobile/fixed, email)

Address of tenancy: (Street & Suburb)

Year(s) of tenancy:

You are required to provide proof of your identity (eg; a certified copy of your driver's licence or passport); please enclose with, or attach to, this completed form.

If you can provide proof of your residence at the address of the tenancy (eg; a phone, water and electricity, council rates bill or a copy of the lease): please enclose with, or attach to this completed form. This will assist in assessing your claim.

I confirm that all the information provided in this form and in the attachments or enclosures, is true and correct in all details, and on this basis I claim the bond which is owing to me.

Signature:

Date:

(Note: Only after Consumer Affairs has validated your claim to the bond held in trust will you be advised of the amount of the bond. You will then be required to complete an authorisation form to obtain the funds).

DARWIN 1st Floor, The Met Building, 13 Scaturchio Street PO Box 40946, Casuarina NT 0811 Tel: (08) 8999 1999 or 1800 019 319 Fax: (08) 8935 7738 ALICE SPRINGS Green Well Building, Ground Floor, 50 Bath Street PO Box 1745, Alice Springs, NT 0871 Tel: (08) 8999 1999 or 1800 019 319 Fax: (08) 8935 7738