

## Key deposit refund request

### Contact Details:

Name:

Address:

Phone:

(Home)

(Work)

(Mobile)

Email:

### Strata Details:

Strata Plan:

Unit No:

Address of Property:

### Refund Details:

Refund amount:

Number of keys/swipes:

Bank Account Holder Name:

BSB Number:

Bank Account Number:

**IMPORTANT:** If incorrect bank details are provided, an administration fee of \$38.50 will be deducted from the refund amount

**Note:** In order to obtain a refund, you are required to present a **payment receipt** and **photo identification**.

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

### Applicant's Signature:

(Print Name)

(Signature)

(Date)

### Office Use Only:

Receipt Sighted (Y/N):

Amount:

Identification Sighted (Y/N):

Expense Account:

No. of keys/swipes received:

Description:



(Staff Name)

(Signature)

(Date)