Consumer and Business Services
Customer Service Centre, 91Grenfell Street, ADELAIDE SA 5000
GPO Box 965, ADELAIDE SA 5001 Office hours: 9 am - 5 pm

Telephone: 131 882

Residential tenancy

Rooming house

www.sa.gov.au/tenancy/renters



BOND NUMBER (OFFICE USE ONLY)

BOND LODGEMENT FORM

| Lifestyle village | | | | | | | | | | |
|---|----------------|---------------------------|-----------------|--------|---|--|--------|---------|--|--|
| ADDRESS of rental premises (USE BLOCK LETTERS AND BLUE/BLACK PEN) | | | | | RTANT | • • | | | | |
| Unit/apartment/room no: Street no: • Landle a bond | | | | | d within | ords/proprietors must lodge within 2 weeks and | | | | |
| Street name: | | | | of rec | eiving fu | ents withing and or part of the contract of th | payme | ent. | | |
| Suburb: Postcode: | | | | sign t | If the tenant/resident does not sign this form, the bond must still be lodged within the required timeframe. Residential tenancy bonds cannot exceed 4 weeks rent (or 6 weeks if the rent is over \$250 pw). Rooming house bonds cannot | | | | | |
| Weekly rental: No of bedrooms (if not a rooming house): | | | | • Res | | | | | | |
| Amount of bond being lodged: \$ | | | | | | | | | | |
| Tenancy commenced: | / / Make o | | | | e chequ | 2 weeks rent. cheques payable to the | | | | |
| | | /ITHIN THIS BOX ARE COMPI | | Resid | | enancies | | | | |
| TENANT/RESIDENT deta | • | | | | Da | aytime ph | ione n | umber/s | | |
| Tenant/resident 1: Surname |) | First Na | ames | | | | | | | |
| Email address (for bond receipt)) | | | | | | | | | | |
| Tenant/resident 2: Surname | • | First Na | ames | | | | | | | |
| Email address | | | | | | | | | | |
| (for bond receipt) Tenant/resident 3: Surname | <u> </u> | First Na | amee | | | | | | | |
| Tellani/resident 3. Sumame | , | FIISLING | 3111 6 5 | | | | | | | |
| Email address (for bond receipt) | | | | | | | | | | |
| LANDLORD/PROPRIETO | OR details (US | E BLOCK LETTERS AND BLU | JE/BLACK P | EN) | Da | aytime ph | one n | umber/s | | |
| Surname |) | First Na | mes | | | | | | | |
| | | | | | | | | | | |
| Address | | | | | | | | | | |
| , tour soo | | | | | | | | | | |
| Postcode | | | | Fax: | Fax: | | | | | |
| Email address (for bond receipt) | | | | | | | | | | |
| AGENT details (USE BLOC | K LETTERS AND | BLUE/BLACK PEN) | | | RLA | ı <u>-</u> | | | | |
| | | | | | | | | | | |
| | | | | | Worl | k: | | | | |
| Address | | | | | Fax: | | | | | |
| | | | Postcode | | Mobi | ile: | | | | |
| SIGNATURES (PLEASE S | IGN IN BLUE (| OR BLACK INK) | | | | | - | | | |
| Tenant/Resident | | | | | | Date: | / | / | | |
| Landlord/Agent/Proprietor | | | | | | Date: | / | / | | |



DIRECT DEBIT REQUEST (DDR)

THIS IS A ONCE-OFF AUTHORITY ONLY

Tenancies Customer Service Centre 91 Grenfell Street ADELAIDE SA 5000

GPO Box 965 ADELAIDE SA 5001

Tel: 131 882 www.sa.gov.au

| | Please use BLOCK LETTERS . | | | | | | |
|---|--|--|--|--|--|--|--|
| Customer Name: | I / We(Surname) (Given names) | | | | | | |
| | authorise CBS – Tenancies, APCA User ID Number 079565, to arrange for funds to be debited from my/our account to the value of \$(amount of bond) at the financial institution identified below, for the purpose of bond lodgement. Note: Please ensure that value (amount of bond) is completed. | | | | | | |
| Address of rented premises: | | | | | | | |
| | Details of the account to be debited | | | | | | |
| | (All account details must be supplied) NB: The bank account details must match the parties of the bond. We cannot withdraw money from a third party account. | | | | | | |
| Name and branch of financial institution: | | | | | | | |
| BSB number: | This <i>must</i> be 6 digits | | | | | | |
| Account number: | Can not be more than 9 characters | | | | | | |
| | Note: Please ensure the account and BSB number that you are providing are correct. Direct debiting is not available on a full range of accounts and if you are unsure please clarify with your financial institution. Credit union cheques may not show their own BSB number. Check with the credit union for the correct BSB number to use for direct debit. | | | | | | |
| Account name: (Name of account holder) | | | | | | | |
| Customer signature(s): (all signatories may be required to sign on joint accounts) | | | | | | | |
| | Date:/ | | | | | | |

ATTACH THIS FORM SECURELY TO THE BOND LODGEMENT FORM

| OFFICE USE ONLY | | | | | | | | |
|-------------------|--|--|--|--|--|--|--|--|
| Bond No: | | | | | | | | |
| Date processed:// | | | | | | | | |
| Officer's name: | | | | | | | | |

DDR service agreement for individuals can be viewed at

www.sa.gov.au/tenancy/privaterentalforms