

REQUEST FOR REFUND

RECORD NO :
FILE NO : 7.1.1

APPLICANT			
NAME		ABN (If applicable)	
ADDRESS		POSTAL	
MOBILE PHONE		ALTERNATE NUMBER	
EMAIL			

DETAILS			
PURCHASE TYPE	☐ BOND – Venue: _____ Date Hired: _____ ☐ OTHER – Details: _____ Please attach letter detailing reason		
REFERENCE NUMBER (E.g. Receipt, booking, record etc.)			
REFUND AMOUNT	\$ _____	GST	☐ YES ☐ NO
BANK NAME		ACCOUNT HOLDER	
BSB		ACCOUNT NUMBER	

REMMITTANCE ADVICE	
EMAIL	
REFERENCE (E.g. CCC, Council payment etc.)	

DECLARATION	
I declare that the information I have provided is true and correct.	
SIGNATURE	DATE

OFFICE USE ONLY			
COPIES PROVIDED	☐ YES ☐ NO	AMOUNT	
AUTHORISED OFFICER		DATE	