



Tenancies Branch
Level 1, 91-97 Grenfell Street, ADELAIDE SA 5000 Office hours: 8.30 am - 5 pm
GPO Box 965, ADELAIDE SA 5001
Telephone: 131 882
www.sa.gov.au

SECURITY BOND NO

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OFFICE USE ONLY

LODGEMENT OF SECURITY BOND FORM

PLEASE COMPLETE FORM IN CLEAR PRINT USING BLUE OR BLACK PEN

IMPORTANT

Landlords must lodge this form within 7 calendar days and registered agents within 30 calendar days of receipt of the full or any part payment of bond moneys or DDR details. If the tenant does not sign this form, the bond must still be lodged within the required time frame.

A separate form must be lodged for each tenancy.

Cheques should be made payable to the "Residential Tenancies Fund".

Have you given a copy of the information brochure and inspection sheet to the tenant?

Address of rental premises (USE BLOCK LETTERS)	
Unit/apartment no:	Street no:
Street name:	
Suburb:	Postcode:
Weekly rental: \$	No of bedrooms:
Amount of bond: \$	Part bond payment? YES <input type="checkbox"/> NO <input type="checkbox"/>
Tenancy commenced:/...../.....	Bond /DDR details received by landlord/agent/...../.....
PLEASE ENSURE THAT ALL DETAILS WITHIN THIS BOX ARE COMPLETED	

Tenant details (USE BLOCK LETTERS)		Contact phone number	
Surname	First Names	Work	Home
Email address <i>(to receive lodgement receipt & bond refund details)</i>			

Surname	First Names	Work	Home
Email address <i>(to receive lodgement receipt & bond refund details)</i>			

Surname	First Names	Work	Home
Email address <i>(to receive lodgement receipt & bond refund details)</i>			

Landlord details (USE BLOCK LETTERS)		Contact phone number	
Surname	First Names	Work	Home
Address		Mobile:	
Postcode		Fax:	
Email address <i>(to receive lodgement receipt & bond refund details)</i>			

Agent details (USE BLOCK LETTERS)	
RLA	
Contact phone number	
Work	
Address	
Postcode	
Fax	
Mobile	

Signatures (PLEASE SIGN IN BLUE OR BLACK INK)	
Signature of tenant/s	Date:/...../.....
Signature of landlord/agent	Date:/...../.....

Please submit original forms only - faxes or e-mails not accepted



