



BOND LODGEMENT FORM

Residential tenancy
 Rooming house
 Lifestyle village

BOND NUMBER (OFFICE USE ONLY)

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ADDRESS of rental premises (USE BLOCK LETTERS AND BLUE/BLACK PEN)	
Unit/apartment/room no:	Street no:
Street name:	
Suburb:	Postcode:
Weekly rental: \$	No of bedrooms (if not a rooming house):
Amount of bond being lodged: \$	Part bond payment? YES NO
Tenancy commenced:/...../.....	Bond received by landlord/proprietor/agent:/...../.....
PLEASE ENSURE THAT ALL DETAILS WITHIN THIS BOX ARE COMPLETED	

IMPORTANT

- Landlords/proprietors must lodge a bond within **2 weeks** and registered agents within **4 weeks** of receiving full or part payment.
- 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 exceed 2 weeks rent.
- Make cheques payable to the *Residential Tenancies Fund*.

TENANT/RESIDENT details (USE BLOCK LETTERS AND BLUE/BLACK PEN)		Daytime phone number/s
Tenant/resident 1: Surname	First Names	
Email address <i>(for bond receipt)</i>		
Tenant/resident 2: Surname	First Names	
Email address <i>(for bond receipt)</i>		
Tenant/resident 3: Surname	First Names	
Email address <i>(for bond receipt)</i>		

LANDLORD/PROPRIETOR details (USE BLOCK LETTERS AND BLUE/BLACK PEN)		Daytime phone number/s
Surname	First Names	
Address		
Postcode		Fax:
Email address <i>(for bond receipt)</i>		

AGENT details (USE BLOCK LETTERS AND BLUE/BLACK PEN)		RLA:
		Work:
Address		Fax:
Postcode		Mobile:

SIGNATURES (PLEASE SIGN IN BLUE OR BLACK INK)		
Tenant/Resident		Date:/...../.....
Landlord/Agent/Proprietor		Date:/...../.....

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



Tenancies
Customer Service Centre
91 Grenfell Street
ADELAIDE SA 5000

GPO Box 965
ADELAIDE SA 5001

Tel: 131 882
www.sa.gov.au

DIRECT DEBIT REQUEST (DDR)

THIS IS A ONCE-OFF AUTHORITY ONLY

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 **must** 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