premium strata
exceeding expectations

APPLICATION FOR REFUND - SECURITY DEVICE

Property Details:

Strata Plan [   ]   Unit No: [   ]

Building Name [   ]

Apartment No. [   ]   Lot No. [   ]   Townhouse No. [   ]

Contact Details:

Name [   ]

Address [   ]

Contact **home** [   ]

work [   ]

mobile [   ]

Email [   ]

Application Details:

RETURN DETAILS

Deposit paid on or about [   ]

Deposit amount paid [$]

Receipt number issued at time of security device purchase
(attach a copy of receipt) [   ]

Security device type (Please insert number of each type device)

Key [   ]   **Remote** [   ]   **Swipe** [   ]   **Other** [   ]

Total security devices purchased [   ]

Total security devices returning [   ]

Total Deposit amount seeking refund for [$]

APPLICATION FOR REFUND - SECURITY DEVICE

Application Details:

REFUND DETAILS

Cheque ☐   **OR**   **E.F.T** ☐

Cheque to be made payable to
(please insert full payee name)

Cheque delivery address

OR

Account Number

BSB Number

Account Name

NOTE: In order to obtain a refund, you are required to attach the payment receipt issued at the time of purchase and photo identification

Office Use Only:

Number of Security Devices received

Security device type
(Please insert number of each type device)

Key ☐   **Remote** ☐   **Swipe** ☐   **Other** ☐

Receipt attached   **yes** ☐   **no** ☐

Identification sighted   **yes** ☐   **no** ☐

Amount of Refund Approved $

Expense Code ı Admin--Key Deposit Refunds - Admin ı 153 000

Description ı Unit _____   Refund key deposit as per Rec#

Authority Sign Off:

Strata Manager Name

Strata Manager Signature

Date