



Department of
Building and Housing
Te Tari Kaupapa Whare

Bond refund form

1. Fill out this form to request a bond refund.
2. Please read the important information on the back of this form.
3. ALL sections of this form must be completed.
4. If you have a separate tenancy agreement for a room in the property, please supply the room number.

1	Bond number	—	2	Date tenancy ended
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3			Address of the rented property		Property ID:	
Unit/Flat no.	Street no.	Street name		Rural delivery no.		
Suburb	Town/City		Post code			
Property/Building name				Room no.		

4		Refund details				Please initial (countersign) any alterations you make or your refund may be delayed.					
Pay the landlord(s)\$	_____	Landlord's reason for claiming some or all of the bond (tick boxes)									
Pay the tenant(s) \$	_____	Arrears	<input type="checkbox"/>	Repairs	<input type="checkbox"/>	Cleaning	<input type="checkbox"/>	Outgoings	<input type="checkbox"/>	Other	<input type="checkbox"/>
Hold in dispute \$	_____	Refunds will appear in your bank account within 24 hours of approval.									
TOTAL	\$	_____	Please check your account.								

5		Landlord refund details			Print your full name(s) below			Landlord ID Number:		
Name(s)										
Address for Service (An Address for Service is explained on the back of this form.)										
Unit/Flat no.	Street no.	Street name		Rural delivery no.						
Suburb	Town/City		Post code							
Can we contact you by email? Yes <input type="checkbox"/> No <input type="checkbox"/>							Email Address:		Daytime phone no. ()	
Bank account number (Only complete if you are claiming money)							Your reference			
[] []		[] [] [] []		[] [] [] [] [] []		[] []		_____		

6		Tenant refund details			Print your full name(s) below					
Name(s)										
Address for Service (An Address for Service is explained on the back of this form.)										
Unit/Flat no.	Street no.	Street name		Rural delivery no.						
Suburb	Town/City		Post code							
Can we contact you by email? Yes <input type="checkbox"/> No <input type="checkbox"/>							Email Address:		Daytime phone no. ()	
Bank account number (Only complete if you are claiming money). Please indicate how much each tenant receives										
Name: _____ Receives: \$ _____				Name: _____ Receives: \$ _____						
[] []		[] [] [] []		[] [] [] [] [] []		[] []		_____		
Name: _____ Receives: \$ _____				Name: _____ Receives: \$ _____						
[] []		[] [] [] []		[] [] [] [] [] []		[] []		_____		

7		Signatures			All landlords and tenants must sign below and agree that the information provided on this form is true and correct.		
Landlord(s) signature(s):				Tenant(s) signature(s):			
Date:				Date:			

Please send this form to the Department of Building and Housing,
PO Box 50 445, Porirua 5240, or fax to (04) 237 7884

If you need help, call freephone **0800 737 666** or visit our website at **www.dbh.govt.nz**

