

Bond Extra Claim Form

Please print in BLOCK LETTERS with a black or blue pen

This form is to be completed by a Landlord/Agent making a claim against Bond Extra. Please read *Bond Extra Information for Landlords and Agents* for Bond Extra conditions. For information or assistance with this form, contact **1800 422 322**. Please mark relevant boxes with a χ . If you need more room to answer any question, please include details on a separate page and attach it to this form.

Client Reference Number	T-File number (if :	annlicable)
Cheffe Reference Number	T-File number (if a	аррисавіе)
Landlard/Agent detail		
Landlord/Agent detail		
Nam	ne of Landlord/Agent	
	Unit/House number	
	Street/Avenue	
	Town or Suburb	Postcode
	Phone	Fax
	Email	
Tenant details		
M	Title r, Mrs, Ms, Miss, Mx	
	ame or family name	
	Given name (s)	
	Unit/House number	
	Street/Avenue	
	Town or Suburb	Postcode
Forwarding address	Unit/House number	
(if known)	Street/Avenue	
	Oli Ody Avenide	
	Town or Suburb	Postcode
Details of claim		
	Claim date	
_		
Во	nd Extra expiry date	
What is the total amount b arrears/damage?	eing claimed for	

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Have you lodged a bond refund claim with the Rental Bonds Board?	Yes No Please specify when
What is the NSW Civil and Administrative Tribunal (NCAT) order number?	
What is the total bond amount?	\$
Did the tenant dispute the claim?	Yes No
What amount is claimed against Bond Extra?	\$
What does the claim relate to? Comment	Damage Rent Please provide details below Please provide details below
Evidence The following documents will help support your claim. Please indicate what documentation is attached to the Claim form.	
Residential Tenancy Agreement	Yes No
Copy of NCAT orders	Yes No
Evidence that you received a full refund of the bond from the Rental Bonds Board	Yes No
Other	Yes No
Comment	
Landlord/Agent's name (please print)	
Date	DD/MM/YYYY
Signature	X

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