



Form 605 - TT

IMPORTANT INFORMATION

This form is to be used to transfer the entitlement to a residential bond under the *Residential Tenancies Act 1997* (the Act). You can access the Act at www.legislation.act.gov.au. You may also obtain further information and forms at www.act.gov.au/accessCBR.

PRIVACY INFORMATION

The Act authorises the collection of the information required by this form. Any unreasonable intrusion into a person's privacy in accordance with the *Information Privacy Act 2014* will be prevented. However, identifiable information is provided to law enforcement organisations and authorised organisations that have legal authority to request information under prescribed circumstances. Information may also be released to the Commissioner of Social Housing where a Housing ACT bond loan exists over the bond. Non-identifying information is regularly released to the Real Estate Institute of Australia.

INSTRUCTIONS FOR COMPLETION

- If completing this form by hand please use a black pen only.
- This office will not process this form if it is not completed in full.
- Any alteration to information provided on this form must be struck through with a black pen. Substitute information must be clear and all parties must sign in the margin. Do not use correction fluid or tape.
- All tenants currently registered on the bond must be listed and sign on page two of this form. All incoming and remaining tenants must be listed and sign on page three of this form.
- This office does not refund any funds to outgoing tenants to the bond upon lodgement of this form. Any outgoing tenants should not sign this form unless the incoming or remaining tenants have paid them their share of the bond.
- All persons referred to on this form must sign in the relevant section. This form is unable to be processed if not signed by all persons.
- Please note bond money will be divided equally among the tenants noted on this form upon lodgement of a validly completed refund of bond form. If the tenants do not wish the bond to be refunded in equal amounts, a written statement signed by all tenants must accompany the refund of bond form indicating the amount to be refunded to each tenant.

TRANSLATING AND INTERPRETING SERVICE

If you require further information or require advice, a language assistance service is available by phoning the Translating and Interpreting Service (TIS) on 13 14 50.

LODGEMENT AND CONTACT INFORMATION

Email:
rb@act.gov.au

Post:
 Access Canberra
 Rental Bonds
 GPO Box 158
 Canberra, ACT 2601

In Person:
 Please visit
www.act.gov.au/accessCBR
 Or call **132281** to find an
 Access Canberra Shopfront





RENTAL BONDS
TRANSFER OF TENANTS FORM
Residential Tenancies Act 1997

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RENTED PREMISES DETAILS

Unit Number	Street Number	Street & Complex Name (If Applicable)	Suburb	Postcode

CURRENT / OUTGOING TENANT DETAILS (Outgoing tenants should not sign this form unless they have been paid their share of the bond by the incoming/remaining tenants, and are agreeing to be removed or replaced from the bond entitlement)

Full Name		Daytime Phone Number	
Postal Address		Alternate Phone Number	
Suburb / Postcode		Date Signed	
Signature			
Full Name		Daytime Phone Number	
Postal Address		Alternate Phone Number	
Suburb / Postcode		Date Signed	
Signature			
Full Name		Daytime Phone Number	
Postal Address		Alternate Phone Number	
Suburb / Postcode		Date Signed	
Signature			
Full Name		Daytime Phone Number	
Postal Address		Alternate Phone Number	
Suburb / Postcode		Date Signed	
Signature			

INCOMING / REMAINING TENANT DETAILS (All tenants as they will be listed on the new bond)

Full Name		Daytime Phone Number	
Postal Address		Alternate Phone Number	
Suburb / Postcode		Date Signed	
Signature			
Full Name		Daytime Phone Number	
Postal Address		Alternate Phone Number	
Suburb / Postcode		Date Signed	
Signature			
Full Name		Daytime Phone Number	
Postal Address		Alternate Phone Number	
Suburb / Postcode		Date Signed	
Signature			
Full Name		Daytime Phone Number	
Postal Address		Alternate Phone Number	
Suburb / Postcode		Date Signed	
Signature			

LESSOR / MANAGING AGENT DETAILS

Full Name or Company		Daytime Phone Number	
Postal Address		Alternate Phone Number	
Suburb / Postcode		Date Signed	
Signature			

OFFICE USE ONLY

Received By: Mail / Counter / Fax / Email	Processed By:	Authorised By:
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