|  |  |
| --- | --- |
| **File Number / Lodgment Number:** |  |
| **Short title:** |  |
| **Original Payment date:** |  |
| **Original Payment Receipt Number:** |  |
| **Refund Amount:** |  |
| **Reason for refund:** |  |
| **Name / Firm  to which payment is to be refunded:** |  |
| **Address:** |  |
| **🞏 Please tick the box if the original payment was made by credit card.** | |
| **If paid by EFT or over the counter provide details of account for refund payment** | |
| **BSB** |  |
| **Account Number** |  |
| **Account Name** |  |
| **Financial Institution** |  |
| **Email address for remittance advice:** |  |

**Court use only:**

|  |  |  |
| --- | --- | --- |
| **Refund approved** | **date:** |  |
| **…………………………..………**  **Deputy Registrar** | **Name of Registrar:** |  |