



HIGH COURT OF AUSTRALIA

**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: