

| OFFICE USE ONLY   |  |              |        |  |           |    |                                   |         |         |                            |  |
|---|--|--------------|--------|--|-----------|----|-----------------------------------|---------|---------|----------------------------|--|
| BAGs  | No:  |              |        |  |           |    |                                   |         | Date:   |                            |  |
|   |  | ·            |        |  |           |    |                                   |         |         |                            |  |
| LODGEMENT OF APPLICATION  |  |              |        |  |           |    |                                   |         |         |                            |  |
| Coun  | Monday-Friday, 8:30am-4:30pm ncil: Auburn Service Centre - 1 Susan S Merrylands Service Centre - 16 Me |              |        |  |           |    |                                   | SW 2160 |         |                            |  |
| Mail:   | The General Manager, Cumberland  |              |        | City Council, PO Box 42, Merrylands NSW 2160 |           |    |                                   |         |         |                            |  |
| Email   | mail: council@cumberland.nsw.gov.au  |              |        |  |           |    |                                   |         |         |                            |  |
|   |  |              |        |  |           |    |                                   |         |         |                            |  |
| 1. Payee Details  |  |              |        |  |           |    |                                   |         |         |                            |  |
| Please Note: If the person/entity claiming the bond is different to the person/entity that is recorded on councils receipt, you will need to provide a letter of authorisation from the original payee. |  |              |        |  |           |    |                                   |         |         |                            |  |
| Name/Company Name:  |  |              |        |  |           |    |                                   |         |         |                            |  |
| If company, contact person:   |  |              |        |  |           |    |                                   |         |         |                            |  |
| ABN/ACN:  |  |              |        |  |           |    |                                   |         |         |                            |  |
| Contact Numbers:  |  |              |        |  |           |    |                                   |         |         |                            |  |
| Email Address:  |  |              |        |  |           |    |                                   |         |         |                            |  |
| Postal Address:   |  | Unit no:     |        |  | House no: |    |                                   |         |         |                            |  |
|   |  | Street Name: |        |  |           |    |                                   |         |         |                            |  |
|   |  |              | Suburb |  |           | Po |                                   |         | stcode: |                            |  |
| Are you the payee of the bond?  |  |              | ?      | Yes  |           |    | No (If no, please attach letter o |         |         | om the payee of the bonds) |  |
|   |  |              |        |  |           |    |                                   |         |         |                            |  |
| 2. Bond Details   |  |              |        |  |           |    |                                   |         |         |                            |  |
| <b>✓</b>  | Bond Type  |              |        | Receipt Number (If known)                    |           |    | Amount                            |         |         |                            |  |
|   | Cat Trap   |              |        |  |           |    |                                   | \$      |         |                            |  |
|   | Keys   |              |        |  |           | \$ |                                   |         |         |                            |  |
|   | Personal Alarm   |              |        |  | \$        |    |                                   |         |         |                            |  |
|   | Park Access  |              |        |  |           | \$ |                                   |         |         |                            |  |
|   | Other Bonds - Specify  |              |        |  |           | \$ |                                   |         |         |                            |  |
|   |  |              |        |  |           |    |                                   | Total:  | \$      |                            |  |

Owner: Finance and Governance - Finance BAGs application

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| 3. Payment Instructions   |                 |  |  |  |  |  |  |  |  |  |
|---|-----------------|--|--|--|--|--|--|--|--|--|
| Please tick the preferred method of bond refun  | : Cheque EFT    |  |  |  |  |  |  |  |  |  |
| Account Name (this should match Bank Account details):  |                 |  |  |  |  |  |  |  |  |  |
|   |                 |  |  |  |  |  |  |  |  |  |
| BSB Number:   | Account Number: |  |  |  |  |  |  |  |  |  |
|   |                 |  |  |  |  |  |  |  |  |  |
| 4. Declaration  |                 |  |  |  |  |  |  |  |  |  |
| <ul> <li>I /We hereby apply for refund of the bond/s described above.</li> <li>I /We declare that the application is complete. If the application is incomplete, the application may be delayed or rejected.</li> </ul> |                 |  |  |  |  |  |  |  |  |  |
| Name:   |                 |  |  |  |  |  |  |  |  |  |
| Signature:  | Date:           |  |  |  |  |  |  |  |  |  |

## 5. Privacy Statement

Personal details are supplied to Cumberland Council on a voluntary basis but if you cannot provide the information requested, Council may not be able to process your application. Personal details requested on this form are being collected in order to process your application. Information provided by you may be accessed by the members of the public. Council is to be regarded as the agency that holds the information. You may make application for access or amendment to information held by Council.