**Duty Refund Form**

Complete this form when requesting a refund of overpaid duty in the ACT. Please **PRINT CLEARLY** and complete all unshaded areas.

Please attach a letter stating the circumstances regarding the refund, together with any supporting documentation in support of your application for refund.

**Section 1: Contact details**

|  |  |
| --- | --- |
| CONTACT NAME |  |
| POSTAL ADDRESS |  |
| TELEPHONE |  |
| EMAIL |  |

**Section 2: Transaction and property details**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| LODGEMENT NUMBER OR CUSTOMER REFERENCE NUMBER | |  | | | | | |
| Date of Agreement/Transfer (First execution) | |  | | | | | |
| Suburb |  | Section |  | Block |  | Unit |  |

**Section 3: Property owners** (please list all property owners’ names in FULL)

|  |  |
| --- | --- |
| PROPERTY OWNER 1 |  |
| PROPERTY OWNER 2 |  |
| PROPERTY OWNER 3 |  |
| PROPERTY OWNER 4 |  |

**Section 4 – Refund Account Details** (Only one bank account can be listed for a refund)

|  |  |
| --- | --- |
| ACCOUNT NAME |  |
| BANK |  |
| BSB |  |
| ACCOUNT NUMBER |  |
| REFUND AMOUNT | $ |

**Section 5 – Declaration**

I …………………………………………………...................................... authorise the ACT Revenue Office to pay my refund into the above listed account.

|  |  |
| --- | --- |
| **SIGNED**: | **DATE**: |