

Bond refund form

Tenancy Services

- ▶ All sections of this form must be completed to enable smooth processing of information
- ▶ Make sure you write in all the boxes that apply to you. Tenancy Services will be unable to release the bond until all tenants have signed the form and indicated how much each tenant is to receive
- ▶ Complete in a black or blue pen with **CAPITAL** letters if handwriting. Do not sign this form until all information has been entered
- ▶ Read the important information on the back of this form before entering any details

1 Bond number: 5041927 012 **2** Date tenancy ended 030325

3 Address of the rented property Property ID: 2041927

Room no. (for boarding house or room only tenancy) Unit 3 House no. 112 Street ROSSALL STREET

Suburb MERIVALE City CHRISTCHURCH

Building name Postcode 8041

4 Refund details Please countersign any alterations you make or your refund may be delayed. This section must be completed before any signatures are entered

Pay the landlord(s) \$ Pay the tenant(s) \$ Hold in dispute \$ TOTAL \$

Landlord's reason(s) for claiming some or all of the bond Arrears ☐ Repairs ☐ Cleaning ☐ Outgoings ☐ Other ☐

5a Landlord details Landlord ID: 2623971 Contact phone 0273830291

Full names or trading name JOHN ROBERT GILBERT

Bank account Reference

This must be a New Zealand bank account

to appear on your bank statement

5b Landlord address for service Email will be first point of contact if provided

Email john.gilbert@cnh.com

Unit House no. 11A Street WEKA ST

Suburb FENDALTON City CHRISTCHURCH

PO Box or Private Bag Postcode 8041

By signing this form you agree that the information you have provided is true and correct

Landlord Signatures
John Gilbert
Date 030325

6a Tenant 1 details

Full name JAMIE LEE MICHAEL MILLER Contact phone 0225745163

Tenant 1 to receive \$ 1720 Bank account 03 0490 0406811 00

This must be a New Zealand bank account.

6b Tenant 1 new address for service Email will be first point of contact if provided

Email JAMIE@KAUSAIGAIJIN.COM

Room no. (for boarding house or room only tenancy) Unit A House no. 94

Street CHELSEA STREET

Suburb LINWOOD City CHRISTCHURCH

PO Box or Private Bag Postcode 8062

By signing this form you agree that the information you have provided is true and correct

Signature
Jamie Miller
Date 030325

7a Tenant 2 details

Full name HARUKA MILLER Contact phone 0224108515

Tenant 2 to receive \$ Bank account

This must be a New Zealand bank account.

7b Tenant 2 new address for service Email will be first point of contact if provided

Email RUV1219@OUTLOOK.JP

Room no. (for boarding house or room only tenancy) Unit 3A House no. 11294

Street ~~ROSSALL STREET~~ CHELSEA STREET

Suburb ~~MERIVALE~~ LINWOOD City CHRIST CHURCH

PO Box or Private Bag Postcode 8062

By signing this form you agree that the information you have provided is true and correct

Signature
Haruka Miller
Date 030325