

## **REQUEST FOR BAIL REFUND**

Case Number		Case Name	Rv		
Name of Applicant					
Address of Applicant					
Phone Number					
Email Address					
	ed via email, please attach your photo of the following identification:	identification for ve	erification		
□ Photo Identificati	ion				
□ Passport					
I hereby apply for the					
Refund of the	amount of \$ ba	il deposit.			
Return of securities lodged, namely the following:  [Must be collected by security holder or authorised person in writing]					
Return of the F	Passport. [Must be collected by pass	port holder or auth	orised person in writing]		
Lodged by me in respec	ct of the attached bail undertakir	ng.			
All conditions of the bail	I have been fully complied with	so as to lawfull	v entitle me to a refun	d	
7 th conditions of the ban	Thave been fally complied with	oo ao to lawian	y challe me to a relair	u.	
I undertake to indemnify	y the Crown against any loss ari	ising from the r	efund of the deposit to	me.	
***PLEASE TICK THE	BOX***				
☐ I request that y	you forward to me at the above	address a ched	que for refund of the b	ail.	
I request that you deposit the funds via Electronic Funds Transfer to my account of:					
Trequest that y	you deposit the funds via Liective	Jilio i ulius ila	nisier to my account o	l •	
Account Name:					
Bank Name:				December of Otalian	
Branch Name:		Received Stamp			
BSB No.:					
Account No.:					
Applicant's Name and S	Signature:				
Date:					

If third party is to receive the refund (e.g. solicitor's trust account), surety is to provide written authorisation for approval.

OFFICE ACTION ONLY		
Case finalised/bail revoked or dispensed with on:	at	Court.
Bail Undertaking forfeited:	YES / NO	
Signature compared with Bail Undertaking:	YES / NO (Co	ppy attached)
Receipt attached:	YES / NO	
Identification Produced:	YES / NO (Co	ppy attached)
Checking Officer Name:		
Signature:		
Date:		
OFFICE ACTION ONLY - ACCOUNTS		Approval of Registrar
Disbursement ID/SRI:		where bail refund is \$5,000.00 and over:
Authorised on:		
Authorised Officer Name:		Signature:
Signature:		Date:
CERTIFICATI	E	
I confirm the above security/passport has been returned to	the Applicant.	
Officer's Name and Signature:		
Date:		
I acknowledge receipt of the above security/passport.		
Applicant's Name and Signature:		
Date:		