



Use Blue or Black pen
only

Write in CAPITAL letters
inside the boxes

Tenant Transfer Form

Rental Deposit Authority

Send original form to PO Box 56, Rosny, TAS 7018

* Indicates Mandatory Fields

THE RENTAL DEPOSIT AUTHORITY (RDA) WILL NOT PROCESS FORMS WITH ERASURES OR ALTERATIONS - LEAVE UNUSED FIELDS BLANK

Details of Bond (from Bond receipt)

Bond Number*

Date of Transfer*

Tenant Information

Outgoing Tenant 1 Family Name*

Given Name*

Email Address

Signature*

Never sign a blank form

X

Daytime Telephone Number*

Outgoing Tenant 2 Family Name*

Given Name*

Email Address

Signature*

Never sign a blank form

X

Daytime Telephone Number*

Outgoing Tenant 3 Family Name*

Given Name*

Email Address

Signature*

Never sign a blank form

X

Daytime Telephone Number*

Incoming and Continuing Tenant Information

Continuing/Incoming Tenant 1 Family Name*

Given Name*

Email Address *Mandatory if the email box is marked*

Signature*

Never sign a blank form

X

Mobile Telephone Number* *Mandatory if the SMS box is marked*

Preferred mode of contact* *Mark X in one box only*

SMS ☐

Email ☐

Post ☐

Continuing/Incoming Tenant 2 Family Name*

Given Name*

Email Address *Mandatory if the email box is marked*

Signature*

Never sign a blank form

X

Mobile Telephone Number* *Mandatory if the SMS box is marked*

Preferred mode of contact* *Mark X in one box only*

SMS ☐

Email ☐

Post ☐

Continuing/Incoming Tenant 3 Family Name*

Given Name*

Email Address *Mandatory if the email box is marked*

Signature*

Never sign a blank form

X

Mobile Telephone Number* *Mandatory if the SMS box is marked*

Preferred mode of contact* *Mark X in one box only*

SMS ☐

Email ☐

Post ☐

Continuing/Incoming Tenant 4 Family Name*

Given Name*

Email Address *Mandatory if the email box is marked*

Signature*

Never sign a blank form

X

Mobile Telephone Number* *Mandatory if the SMS box is marked*

Preferred mode of contact* *Mark X in one box only*

SMS ☐

Email ☐

Post ☐

Property Owner / Agent Details

Agent ID

Property Owner Family Name / Business Name*

Or

Given Name*

Signature*

Never sign a blank form

X