



# AFSA REQUEST FOR REFUND

## Privacy

The information on this form is collected and used for the primary purpose of transacting with AFSA. AFSA's privacy policy explains how personal information is managed. The policy can be viewed on AFSA's website ([www.afsa.gov.au/privacy](http://www.afsa.gov.au/privacy)) or you may request a copy.

## SECTION 1: Payee Details

Insolvency account name and number:

or

Personal Property Securities Register (PPSR) account name and number:

Title	Given name/s	Surname	
Address			Postcode
Organisation name			Contact phone number
Email			

ACN      ARBN      ARSN      Number:

ABN      Number:

## SECTION 2: Transaction Details

Type of transaction

Insolvency

PPSR

Bankruptcy notices and extensions

Searches

Debt Agreement Proposal fee

Registrations

S188 Filing fee

Official Receiver notices

Other

## SECTION 2: Transaction Details continued

Payment channel (please choose one which is applicable to your request)

I am an on-account customer and paid for my transaction when I received my monthly statement.

Once your request has been verified, you will receive a credit note on your next available statement. To assist us in processing your request, please provide your invoice/receipt number below.

Invoice/Receipt reference number:

I am not an on-account customer and paid for my transaction via AFSA's on-line BPoint facility (credit card).

Once your request has been verified, your refund will be returned to your credit card via the BPoint facility. To assist us in processing the refund, please provide the original transaction BPoint reference number below.

BPoint reference number:

I am not an on-account customer and paid for my transaction at the Commonwealth Bank or through the mail.

Once your request has been verified, your refund will be returned via an electronic funds transfer to your nominated bank account. To assist us in processing the refund, please provide your invoice/receipt number below and ensure that you complete your nominated bank account details at section 3.

Invoice/Receipt number:

I paid for my transaction via PPSR's pre-pay facility.

Once your request has been verified, you will receive a credit note on your next available statement. To assist us in processing your request, please provide your invoice/receipt number below.

Invoice/Receipt number:

I wish to close my PPSR pre-pay facility.

I paid for my pre-pay facility via BPoint (credit card)

Once your request has been verified, your refund will be returned to your credit card via the BPoint facility. To assist us in processing the refund, please provide the original transaction BPoint reference number below.

BPoint reference number:

I paid for my pre-pay facility by cheque or EFT.

Once your request has been verified, your refund will be returned via an electronic funds transfer to your nominated bank account. To assist us in processing the refund, please provide your invoice/receipt number below and ensure that you complete your nominated bank account details at section 3.

Invoice/Receipt number:

### SECTION 3: Bank account details for refund purposes

Bank name

Bank account name

BSB

Bank account number

Contact phone number

Email address for remittance advice

### SECTION 4: Refund Details

Refund amount sought:

Date of transaction (DD/MM/YYYY)

Reason for refund

### SECTION 5: Declaration

I hereby declare that:

1. The information provided is true and correct and I acknowledge that in determining to make a refund, AFSA will rely on the representations made in this Request for Refund form,
2. Nothing in this Request for Refund amounts to either an express or implied setting aside, diminution or alteration of terms and conditions I or the organisation I represent may have previously agreed to with respect to access to, use of, or use of credit for payment of Australian Financial Security Authority or Personal Property Securities services, and
3. I am authorised on behalf of the organisation I represent to submit this Request for Refund.

Signature

Date (DD/MM/YYYY)

Name

### Returning This Form

Completed form and attachments to be sent via post or email to

Address: National Service Centre  
GPO Box 1944  
Adelaide SA 5001

Email: [forms@ppsr.gov.au](mailto:forms@ppsr.gov.au)