

## **Deposit Refund**

## Please complete your details below:

## **Banking Details:**

Account Holder Name	
Bank Name	
Type of Account (i.e savings / current)	
Account Number	
Branch Name	
Branch Code	

For International Payments also complete:		
Physical Address of Bank		
IBAN Number		
SWIFT Code		
Currency		

Deposit refund is subject to a successful Check-Out inspection. If the Resident did not complete a Check-Out inspection, DCR will conduct the inspection on their behalf. By completing this form, the Resident accepts the deductions as indicated on the Check-Out inspection. Deposit refunds take up to 14 business days to be processed from the date of expiry of the Contract Agreement.

Resident Name:	Room No:
Signature:	Date: