

Please complete this form to request your refund.

COMPLETING THIS FORM

- Use BLACK pen only
- Print clearly in BLOCK LETTERS
- DO NOT use correction fluid – any amendments should be crossed out and initialled

Return your fully completed form and ALL required documents by:

Post: GPO Box 5099 Brisbane QLD 4001

in person: QBCC Service Centres are listed on our website

Email: poolssafety@qbcc.qld.gov.au

Online: Lodge via myqbcc

1. LICENSEE DETAILS

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms Other

Surname

First names

Phone

Mobile

Email

2. SITE DETAILS

Certificate
number

Lot/plan
number

Address

Suburb

State

Postcode

Local government
authority

3. REASON FOR CANCELLATION

Reason

☐

Duplicate

☐

Administrative error

☐

System error

4. ELECTRONIC FUNDS TRANSFER (EFT) DETAILS

Account name

Bank

BSB

Account number

Amount

\$

Amount in words

Please sign and date to request refund

Signature

Date

/ /

OFFICE
USE
ONLY

This is to certify that this expenditure is necessary and is approved within delegation

Signature of person
authorised to approve
expenditure
Position title

Date

/ /