



HIGH COURT OF AUSTRALIA

File Number / Lodgment Number:

Short title:

Original Payment date:

Original Payment Receipt Number:

Refund Amount:

Reason for refund:

Name / Firm to which payment is to be refunded:

Address:

☐ Please tick the box if the original payment was made by credit card.

If paid by EFT or over the counter provide details of account for refund payment

BSB

Account Number

Account Name

Financial Institution

Email address for remittance advice:

COURT USE ONLY:

Refund approved:

Deputy Registrar

Date:

Accounts:

Date of refund: .....

Method of refund:.....