

Application for Reassessment and Refund: Cancelled Transfers of Dutiable Property

Important Message: From 1 January 2016, refunds will be issued by Electronic Funds Transfer (EFT) only. If you are applying for a refund you must complete the 'EFT Details' section of this form.

Note:

- This application **must** be made by, or on behalf of, the transferee(s) under the cancelled transfer. The attached statutory declaration must also be completed by **each** transferee
- Under Section 50A(2) of the *Duties Act 1997* any application for a reassessment or refund of duty on a cancelled transfer of dutiable property must be made within five years of the initial assessment
- **You must lodge the original stamped transfer with this application.**
A cancelled transfer includes an abandoned transfer
- **All evidence must be provided for your application to be considered. Failure to provide this evidence will result in your documents being returned unprocessed**
- Under the *Taxation Administration Act 1996*, it is an offence to give false or misleading information
- Use form ODA 015 to apply for reassessment and refund of duty on a cancelled agreement for the sale or transfer of dutiable property
- Print clearly in the boxed spaces and tick the appropriate boxes.

1. Applicant details

Name		
Postal Address		
Suburb	State	Postcode

2. Details of cancelled transfer

Transferee(s)		
Transferor(s)		
Description of dutiable property (e.g. land, shares)		
Date of transfer / /	Date cancelled / /	
Reason(s) why transfer cancelled		

Statutory declaration by Transferee under cancelled transfer

Note: Where there is only one transferee under the cancelled transfer, this declaration must be completed by that person.

Where there is more than one transferee under the cancelled transfer, **each transferee must complete their own declaration**. Where the transferee, or one of the transferees, is a company, the declaration must be completed by a duly authorised officer (director or secretary) of the company.

I,
of

do solemnly and sincerely declare as follows:

- I am:
 - the transferee under the cancelled transfer
 - one of the transferees under the cancelled transfer
 - a duly authorised officer of Name of company
 - the transferee under the cancelled transfer
 - a duly authorised officer of Name of company
 - one of the transferees under the cancelled transfer
- the transfer instrument has been cancelled and the dutiable property has not been transferred to the transferee
- the transfer was not cancelled to give effect to a sub-sale.

I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1900*

Declared at (Place)	on (Date)	/	/	20
Signature of declarant				

in the presence of an authorised witness, who states:

I (Name of authorised witness),
a (Qualification of authorised witness)

certify the following matters concerning the making of this statutory declaration by the person who made it (**please cross out any text that does not apply*):

- *I saw the face of the person OR
 - *I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and
- *I have known the person for at least 12 months OR
 - *I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document I relied on was

(Describe identification document relied on)
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Signature of authorised witness	Date	/	/	20
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EFT details

Direct credit details

Account name									
Financial institution							Branch		
BSB number (must have 6 numbers)						-			
Account number (maximum of 9 numbers)									

Is the above account held by all transferee(s)? (This field is mandatory. Tick one.)

Yes No

Payment authority

This authority must be completed by all transferee(s)

I / We authorise the Chief Commissioner of State Revenue to issue the refund by way of EFT into the above nominated account

I / We are authorised to act on behalf of the company that is entitled to the refund

Name		
Company name (where applicable)		Position (where applicable)
Signature		Date / /




Name		
Company name (where applicable)		Position (where applicable)
Signature		Date / /

Name		
Company name (where applicable)		Position (where applicable)
Signature		Date / /

Privacy statement

Information collected from you on this form is required by the Office of State Revenue (OSR) to determine if you have a liability or entitlement. The information may be provided to third parties with your consent or as required or permitted by law. OSR will correct or update your personal information at your request. Read more about privacy at www.osr.nsw.gov.au

Contact details

 1300 139 814* (Monday – Friday, 8.30 am – 5.00 pm) *Interstate clients please call (02) 9689 6200
 www.osr.nsw.gov.au  duties@osr.nsw.gov.au  Help in community languages is available.

Offices (Monday – Friday, 8.30 am – 4.30 pm)

 Office address	 Postal address	DX Number
The Lang Centre, 132 Marsden Street, Parramatta	GPO Box 4042, Sydney NSW 2001	DX 456 Sydney
Level 6, 90 Crown Street, Wollongong	PO Box 666, Wollongong NSW 2520	DX 5245 Wollongong

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