

# Application for Reassessment and Refund: Cancelled Agreements for the Sale or Transfer 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 purchaser(s)/transferee(s) under the cancelled agreement
- The attached statutory declaration must be signed by the purchaser/transferee. Where there is more than one purchaser/transferee, each additional purchaser/transferee must complete a declaration
- Under Section 50(2) of the *Duties Act 1997* any application for a reassessment or refund of duty on a cancelled agreement for the sale or transfer of dutiable property must be made within five years of the initial assessment, or 12 months after the agreement is rescinded or annulled, whichever is the later
- **The following evidence must be lodged with this application:**
  - ▶ The original stamped agreement; and
  - ▶ any original stamped transfer marked pursuant to it; and
  - ▶ a copy of the Deed of Rescission signed by both parties **or** letters from both the purchaser and vendor (or their representatives) confirming the agreement has been rescinded.
- **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. You may also be liable to interest and/or penalty tax
- Print clearly in the boxed spaces and cross the appropriate boxes.

## 1. Applicant details

Name
Postal address
Postcode

## 2. Details of cancelled agreement

Purchaser(s)/Transferee(s)	
Vendor's name(s)/Transferor(s)	
Description of dutiable property (e.g. land, shares)	
Date of agreement      /      /	Date rescinded/annulled      /      /
Reason(s) why agreement rescinded or annulled	

## Statutory Declaration by Purchaser/Transferee under cancelled agreement

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

Where there is more than one purchaser/transferee under the cancelled agreement, **each purchaser/transferee must complete their own declaration.** Where the purchaser/transferee, or one of the purchaser(s)/transferee(s), 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:

1. I am:

the purchaser/transferee under the cancelled agreement

one of the purchaser(s)/transferee(s) under the cancelled agreement

a duly authorised officer of

Name of company

the purchaser/transferee under the cancelled agreement

a duly authorised officer of

Name of company

one of the purchaser(s)/transferee(s) under the cancelled agreement

2. the agreement was not rescinded or annulled to give effect to a subsale

as the purchaser/one of the purchasers under the agreement, I/we was/were then acting as the promoter(s) of a named company proposed to be incorporated, and that company is the purchaser/transferee under a subsequent agreement relating to the same dutiable property

the purchaser(s)/transferee(s) under the agreement and the purchaser(s)/transferee(s) under a subsequent agreement relating to the same dutiable property were related persons\* when the agreement that was rescinded or annulled was entered into (\*for definition of *related persons* see Dictionary in *Duties Act 1997*)

# Declaration

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 purchaser(s)/transferee(s)? (This field is mandatory. Tick one.)

Yes      No

## Payment authority

This authority must be completed by all purchasers

- We authorise the Chief Commissioner of State Revenue to issue the refund by way of EFT into the above nominated account
- 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 / / 20





Name	
Company name (where applicable)	Position (where applicable)
Signature	Date / / 20

Name	
Company name (where applicable)	Position (where applicable)
Signature	Date / / 20

**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](http://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](http://www.osr.nsw.gov.au)  [duties@osr.nsw.gov.au](mailto:duties@osr.nsw.gov.au)  Help in community languages is available.

**Office** (Monday – Friday, 8.30 am – 4.30 pm)

The Lang Centre, GPO Box 4042, DX 456  
132 Marsden Street, Parramatta, Sydney NSW 2001, Sydney

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