



# Retail leases application

## CONSUMER AND COMMERCIAL DIVISION

Complete this form to apply for orders under the *Retail Leases Act 1994* to resolve a retail lease dispute. Visit the NCAT website for information on how to complete this application form. You can also apply online using [NCAT Online Services](#).

### File Number

*Office use only*

## 1. DISPUTE DETAILS

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### A. PLACE OF DISPUTE

What is the address of the retail shop premises? *Include suburb and postcode*

### B. HAVE YOU ATTEMPTED TO RESOLVE THE DISPUTE THROUGH MEDIATION?

The *Retail Leases Act 1994* requires all retail lease disputes to attempt mediation before lodging with NCAT.

- Yes** – You must attach the mediation certificate issued by the NSW Small Business Commissioner
- No** – You must contact NSW Small Business Commissioner unless you are applying for an order in the nature of an injunction s 68(3).

## 2. APPLICANT

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### A. APPLICANT TYPE

Tick the box that best describes the person or organisation making this application.

- Landlord       Tenant       Other (*please specify*)

### B. APPLICANT CONTACT DETAILS

For multiple applicants attach details on a separate sheet.

First name:

Last name:

Organisation name (if applicable):

ACN/ABN:

Address:

Telephone:

Email:

If you provide an email address, NCAT will use your email as the address for service

**C. ARE YOU ABORIGINAL OR TORRES STRAIT ISLANDER?**

- No  Prefer not to answer  
 Yes - Aboriginal  Yes - Torres Strait Islander  Yes - both Aboriginal and Torres Strait Islander

**D. APPLICANT REPRESENTATIVE DETAILS**

If the applicant is represented the representative's contact details will be used as the applicant's address for service. Attach the authority to act for the applicant.

- Legal Practitioner  Agent  Other (*please specify*)

**First name:**

**Last name:**

**Organisation name (if applicable):**

**ACN/ABN:**

**Address:**

**Telephone:**

**Email:**

If you provide an email address, NCAT will use your email as the address for service

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**3. RESPONDENT**

**A. RESPONDENT TYPE**

Tick the box that best describes the person or organisation you are making the applicant against.

- Landlord  Tenant  Other (*please specify*)

**B. RESPONDENT CONTACT DETAILS**

For multiple respondents attach details on a separate sheet. You must provide the correct name and address for service for each respondent.

**First name:**

**Last name:**

**Organisation name (if applicable):**

**ACN/ABN:**

**Address:**

**Telephone:**

**Email:**

## 4. ORDERS AND REASONS

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### A. WHAT ORDERS DO YOU WANT?

Write down the section number of the *Retail Leases Act 1994* and the orders you want NCAT to make. For more information go to the [NCAT website](#).

### B. WHY ARE YOU APPLYING TO NCAT?

Explain why you are asking NCAT to make the above orders. This will help NCAT and the respondent understand why you have made this application.

## 5. INTERIM ORDER DETAILS

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### A. IF YOU ARE YOU ASKING NCAT TO MAKE INTERIM ORDERS, SPECIFY WHAT ORDERS YOU ARE SEEKING

### B. REASONS FOR ASKING FOR THE INTERIM ORDERS

Describe the urgent considerations that justify the making of the interim orders. Give details of when and what is happening or going to happen if the interim order is not made.

## 6. LANGUAGE AND DISABILITY SUPPORT

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### A. INTERPRETER

Do you need an interpreter for the hearing?  No  Yes (*specify language*):

### B. SUPPORT REQUIREMENTS

Do you have a disability-related need or other request for support at the hearing?

## 7. SIGNATURE

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Applicant's signature or signature of representative.

**Name**

**Signature**

**Date**

**Lodge your application and pay the fee with NCAT Online Services or at your nearest NCAT Registry**

For NCAT Consumer and Commercial Division Registry locations visit the [NCAT website](#). For all NCAT enquiries telephone 1300 006 228 or visit [www.ncat.nsw.gov.au](http://www.ncat.nsw.gov.au).