



APPLICATION FOR REFUND

PLEASE COMPLETE IN BLOCK LETTERS

PLEASE INDICATE THE ACCOUNT(S) FOR WHICH A REFUND IS BEING APPLIED FOR WITH AN **X**

<input type="checkbox"/>	CONSOLIDATED BILL Account Number: _____	<input type="checkbox"/>	WATER Account Number: _____
<input type="checkbox"/>	ELECTRICITY Account Number: _____	<input type="checkbox"/>	RATES Account Number: _____
<input type="checkbox"/>	TENDER DEPOSIT Ref : _____	<input type="checkbox"/>	METER APPLICATION Ref: _____
<input type="checkbox"/>	OTHER Specify: _____		

PARTICULARS OF APPLICANT

SURNAME & INITIALS: _____

PROPERTY ADDRESS: _____

POSTAL ADDRESS: _____

ID NO: _____

TELEPHONE (B): _____ **TELEPHONE (H):** _____

Reason for Claim / Cancellation Advice No: _____

I/We hereby apply for a refund due to an overpayment / adjustment of my/our eThekwini account to the amount of R _____

Name of customer to whom refund is made payable: _____
(Where a refund is to be made payable to (an) individual(s), it is essential to attach a copy of the ID document(s).

PLEASE INDICATE HOW YOU WISH TO RECEIVE YOUR REFUND

<input type="checkbox"/>	CHEQUE	<input type="checkbox"/>	OTHER
<input type="checkbox"/>	CREDIT TRANSFER TO ANOTHER ACCOUNT		

CERTIFICATE

I / we hereby certify that I/we am/are entitled to this refund and I/we understand that I/we will be liable to repay the amount refunded to the City Council should it subsequently be established to the satisfaction of the City Manager that I am/we are not entitled to such refund.

WITNESS

**ORGANISATION
STAMP**

NAME OF SIGNATORY Duly Authorised

DATE

SIGNATURE

ALL SIGNATURES ON BEHALF OF A COMPANY, ASSOCIATION, PARTNERSHIP OR OTHER BODY MUST BE VERIFIED BY ITS OFFICIAL STAMP.

FOR OFFICE USE

Refunded R _____

CAPTURED BY: _____

Per Cheque No: _____

AUTHORISED BY: _____

Per Refund Voucher _____

DATE: _____

Other _____

COPY FORWARDED TO (DEPT) _____