



## APPLICATION FOR REFUND

**PLEASE COMPLETE IN BLOCK LETTERS**

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

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

**PARTICULARS OF APPLICANT**

<input type="checkbox"/>	<b>ACCOUNT HOLDER</b>	<input type="checkbox"/>	<b>OTHER</b> Specify: _____
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If other, please provide details. For example, if a Conveyancing firm makes application for a refund, this must be disclosed. \_\_\_\_\_

FULL NAME AND SURNAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

ID/SMART CARD NO (where applicable) \_\_\_\_\_

TELEPHONE (B): \_\_\_\_\_ TELEPHONE (H): \_\_\_\_\_

CELL: \_\_\_\_\_ EMAIL/FAX: \_\_\_\_\_

REGISTRATION NUMBER OF JURISTIC PERSON (where applicable): \_\_\_\_\_

**NB:** PLEASE ATTACH A COPY OF YOUR ID/SMART CARD DOCUMENT OR PASSPART AS NO REFUNDS WILL BE ISSUED WITHOUT THEM. IN THE CASE OF A PROXY/REPRESENTATIVE OF A JURISTIC PERSON, ALL SIGNATURES TO THIS APPLICATION FORM MUST BE VERIFIED BY THE OFFICIAL STAMP OF THE JURISTIC PERSON.



## APPLICATION FOR REFUND

**PLEASE INDICATE HOW YOU WISH TO RECEIVE YOUR REFUND**

- CREDIT TRANSFER TO ACCOUNT NUMBER \_\_\_\_\_ HELD  
WITH THE MUNICIPALITY
- BANK ACCOUNT (EFT)  OTHER \_\_\_\_\_ (Specify)

**SECTION A: BANK ACCOUNT TO WHICH PAYMENTS ARE TO BE MADE**

NAME IN WHICH ACCOUNT IS HELD: \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_

BRANCH NAME: \_\_\_\_\_ ACCOUNT TYPE: \_\_\_\_\_

BRANCH CODE: \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

**Important: Please attach a copy of a cancelled cheque or bank statement**

**SECTION B: BEFORE RETURNING, THIS SECTION MUST BE COMPLETED BY YOUR BANK**

I/We confirm that the above information on the client's account at this bank is correct.

\_\_\_\_\_  
SIGNED ON BEHALF OF BANK                      CAPACITY

\_\_\_\_\_  
NAME

**BANK STAMP**  
(dated)

**DECLARATION/CONDCTIONS**

1. I/we the undersigned, hereby authorise and instruct the eThekweni Municipality to pay all amounts that may hereafter, from time to time, become due and payable to me/us by the eThekweni Municipality by electronically transferring the same to the bank mentioned above for the credit of my/our account detailed below.
2. 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 Municipality should it subsequently be established to the satisfaction of the City Manager or his authorized delegate that I am/we are not entitled to such refund.
3. I / we hereby agree that the Municipality will not be held responsible for any incorrect details supplied by myself / ourselves.
4. I/we hereby agree that I / we will be liable for any bank charges raised in the event of any electronic banking transfer being unsuccessful due to incorrect information supplied.
5. I / we agree that refunds will be made ONLY to the account holder unless special circumstances exist as provided in the Municipality's Credit Control and Debt Management Policy
6. I/we the undersigned understand and agree that:
  - EThekweni Municipality shall not be liable to make good any loss I/we may suffer consequent upon such transfers pursuant to this authority and instruction.



## APPLICATION FOR REFUND

- The information as per the attached application form for refund will supersede any previous authorisation and instruction lodged with the eThekweni Municipality.

WITNESS \_\_\_\_\_

DATE \_\_\_\_\_

ORGANISATION  
STAMP

NAME OF SIGNATORY Duly Authorised \_\_\_\_\_

SIGNATURE \_\_\_\_\_

AND/OR

WITNESS \_\_\_\_\_

DATE \_\_\_\_\_

CONVEYANCER  
STAMP

NAME OF SIGNATORY Duly Authorised \_\_\_\_\_

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 \_\_\_\_\_

Per Cheque No: \_\_\_\_\_

Per Refund Voucher \_\_\_\_\_

Other \_\_\_\_\_

CAPTURED BY: \_\_\_\_\_

AUTHORISED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

COPY FORWARDED TO (DEPT) \_\_\_\_\_

### **PROCEDURES AND PROCESSES**

EThekweni Municipality implemented a system whereby, except in special cases, it is mandatory to refund customers via electronic funds transfer (EFT) rather than using traditional payment cheque system. This system is considered to be more secure, and ensures timeous payments.

In order to set up the necessary mechanism, all sections of this form must be fully completed. The following must accompany this application:

- The company's banking details on an authorised company letterhead (if the account is held by a Legal entity)
- A cancelled cheque
- A bank statement or letter from the bank confirming the details completed on this form
- A certified copy of ID (if the account is held by an individual)

**TAKE NOTE: The attached Application Form may be returned by Post or Email or may be hand delivered.**

Please return documents to **any nearest Sizakala Service Center**