

APPLICATION FOR A RATES REFUND

The City Treasurer
P. O. Box. 828
DURBAN
4000

CPR No.

--	--	--	--	--	--	--	--	--	--	--	--

Date: _____

Dear Sir,

I/we hereby make application for a refund which has resulted from an overpayment/adjustment to my/our rates account.

Address of Property: _____

Amount of Refund Claimed: R _____

Reason for Claim/Cancellation Advice No. _____

Name of Ratepayer to whom cheque is to be made payable: _____
(if, instead of a refund, you would prefer your current rates to be credited, please indicate accordingly).

Postal Address: _____

NB: Where a refund cheque is to be made payable to (an) individual/s, it is essential to attach a copy of the identity document/s

Signature of Attorney (To be completed by the Attorney where a property transfer took place)

CERTIFICATE

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

SIGNED: _____
FULL NAMES: _____
IDENTITY NUMBER: _____
DESIGNATION/AUTHORITY: _____

WITNESS: _____

SIGNED: _____

ADDRESS: _____

<u>For Official Use</u>	
Refunded:	_____
Per R/Vo. No:	_____
Per Refund Voucher:	_____
Date:	_____

TEL: BUS. _____
TEL: RES. _____
CELL. _____
DATE: _____

CITY MANAGER

NB: All signatures on behalf of a Company, CC, Association, Partnership or other body must be verified by it's official stamp.