KARIBIB
TOWN COUNCIL

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APPLICATION FOR REFUND

Name (s): ..... ID No:.....
Postal address:..... Contact:.....
Email:..... reference:.....

Company Name:..... Reg. No:.....
Proxy:..... ID No:.....
Postal add:..... Contact:.....
Email:..... Reference:.....

I,..... in my capacity as.....hereby apply for a refund of **N$**_____ i.r.o (motivate)

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NB: attach certified copy of ID, initial price, proof of payment(s) i.e. receipts, bank transfers, stamped Bank account confirmation letter (*account to where refund is to be paid*) etc…

Applicant signature:..... Date:.....

VOTE:.....

Verified correct:

Manager: Finance, HR & Admin. Date stamp

Approved/Not Approved/Approved as amended
.....

CHIEF EXECUTIVE OFFICER date stamp