

Group Financial Services Department

Revenue Management Division

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My ref: Tel: Centurion 012 358 3649/012 358 3654
Your ref:
Contact person:
Section/Unit:

The Chief financial Officer

APPLICATION FOR REFUND OF ASSESMENT RATES/SERVICES OVERPAID ON A CLEARANCE CERTIFICATE. PLEASE NOTE, ATTACHED COPY OF THE MEMO

Application by:	Registration no:
Attorney address:	
Attorney Telephone:	
Seller:	
	Registration date:
Refund EFT or Cheque:	
EFT Banking Details	
Signature:	Date:

On request, this document can be provided in another official language.