

# Swellendam

*Munisipaliteit*

Munisipale Kantoor  
Posbus 20  
SWELLENDAM, 6740  
Tel. (028) 5148500  
Faks No. (028) 5142694



*Municipality*

Municipal Office  
P.O. Box 20  
SWELLENDAM, 6740  
Tel. (028) 5148500  
Fax No. (028) 5142694

## APPLICATION FOR A REQUEST FOR A REFUND

According to section 102 of the Local Government Municipal Systems Act, Act 32 of 2000, a municipality may:

- (a) consolidate any separate accounts of a person liable for payments to a municipality;
- (b) credit a payment by such a person against any account of that person which is in arrears.

All refunds will be subject to the Swellendam Municipality's Credit Control and Debt Collection By-law and Policy.

**Refunds will be made via electronic fund transfer (EFT) only.**

Account details			
Municipal account number		Erf	
Physical address of property			
Name and surname or name of business			
ID or company reg. no.			
Email / Contact Details			

Bank details			
Account holder		<i>Official bank date stamp:</i>	
Name of bank			
Branch code			
Account number			
Account type	Cheque/current		

Bank official's name: \_\_\_\_\_ Signature: \_\_\_\_\_

Municipal account holder(s) or authorised person(s)
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1) _____	_____	_____
Print full name	Signature	Date
2) _____	_____	_____
Print full name	Signature	Date

FOR OFFICE USE ONLY
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Requested by: _____	Signature: _____	Date: _____
Authorised by: _____	Signature: _____	Amount: R _____