



APPLICATION FOR REFUND

Date: _____	
Reason for Refund: _____	
Municipal Account Number: _____	
Account Holder: _____	Physical address: _____
ID nr: _____	_____
Contact nr: _____	E-mail address: _____
_____	_____

Required documentation to be attached:

- Municipal account
- Copy of ID
- Confirmation of banking details; stamped bank statement/bankletter/cheque
-not older than 3 months-
- Supporting documents, if needed

for queries: 015 023 5186
amandaj@polokwane.gov.za

Applicant Signature

For office use only	
Date received _____	Signature _____
Query Outstanding <input type="checkbox"/> Yes <input type="checkbox"/> No	
Details of Query _____	

Query Date _____	Date finalized _____
In order to Refund _____	Signature _____
	Refund Ref _____

The Municipality may:

- consolidate any separate accounts of persons liable for payments to the municipality; and/or
- credit a payment by such a person against any account of that person