



APPLICATION FOR REFUND

Date: _____

Reason for Refund: _____

Name of Account Holder: _____ Municipal Account Number: _____

Contact nr: _____

ID nr: _____ E-mail address: _____

Required documentation to be attached:

- Municipal account
- Copy of ID
- Confirmation of banking details; stamped bank statement/bankletter
-not older than 3 months-
- Supporting documents, if needed
 - Deceased Estate - Letter of Executorship, Death Certificate, Letter of Instruction*
 - Company/Trust/CC etc - Registration documents and ID of Director/Member/Trustee*
 - Over payment - proof of payments*

for queries: 015 290 2186

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 Reference: _____	

Polokwane 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