



REPUBLIC OF NAMIBIA

KARIBIB TOWN COUNCIL

Tel: (+264 64) 550 016
Fax: (+264 64) 550 032

ACCOUNTANT

P. O. Box 19
Karibib,
Namibia

4/13/2

APPLICATION FOR REFUND

Name (s):
Postal address:.....
Email:.....

ID No:.....
Contact:.....
reference:.....

Company Name:.....
Proxy:.....
Postal add:.....
Email:.....

Reg. No:.....
ID No:.....
Contact:.....
Reference:.....

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

.....
.....
.....

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