



REFUND APPLICATION

DETAILS OF APPLICATION

Initials and surname:	
Postal Address:	
Contact Details: Home	
Cell Number:	
Work Telephone No.	
E-mail Address:	

Centlec quotation number	
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REASON FOR REFUND APPLICATION

NOTE: AN ADMIN LEVY OF 26% WILL BE DEDUCTED FROM THE TOTAL AMOUNT CLAIMED

PAYMENT DETAILS

Receipt number:	
Date of receipt:	
Amount of receipt:	

Attach a clear copy of the receipt to this form

BANKING DETAILS

Account holder:	
Bank:	
Branch code:	
Type of Account:	
Account number:	

Signature: _____ Date ____ / ____ / 20 ____.

Please complete the attached form and submit the ORIGINAL together with this application to our offices at:

Mannion Road, Orajiesig, Bloemfontein or Post to Centlec (SOC) Ltd, Private BagX14, Bradhof, 9324 and Mark for the attention of Customer Care

