



KARIBIB TOWN COUNCIL

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Our Ref: 01/21
Date:5 July 2024

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

