



MUNICIPALITY OF SWAKOPMUND

P.O Box 53
Swakopmund
Namibia

Tel: +264 64 410 4235
Fax: +264 64 410 4217/
+264 64 410 4209

CREDIT REFUND FORM

Surname and
Name:.....

Postal
Address:.....

Contact
Details:.....
(CLIENT'S PARTICULARS)

CREDIT ON ACCOUNT NUMBER:.....ERF
NUMBER:.....

Your above account reflects a credit balance of N\$.....Kindly indicate
your option below and return this form to our office at your earliest convenience.

Option 1

Please refund the credit of N\$.....to me and forward it to the above address.

Option 2

Please transfer credit of N\$..... as follows:

.....

.....
(BANKING DETAILS OR ALTERNATIVE DEBTOR ACCOUNT NUMBER)

I.D. NUMBER:.....

SIGNATURE:.....

FOR OFFICE USE
RECEIVED:..... DATE..... (RECEIVING OFFICIAL)
EXAMINED AND PASSED:..... DATE..... (ACCOUNTANT OR SENIOR)
AUTHORISED:..... DATE..... (GENERAL MANAGER)