



MUNICIPALITY OF SWAKOPMUND

**P.O Box 53
Swakopmund
Namibia**

**Tel: +264 64 410 4000
Fax: 088 652 8144
email: enquiries@swkmun.com.na**

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:

Bank account number:	Name of Bank/Branch:	
_____	_____	
Account type:	Branch:	Branch code:
_____	_____	_____
<i>(BANKING DETAILS OR ALTERNATIVE DEBTOR ACCOUNT NUMBER)</i>		

I.D. NUMBER: _____

SIGNATURE: _____

AUTHORISED: _____ **DATE:** _____

(GENERAL MANAGER)