

**FINANCE CLUSTER****ETHEKWINI REVENUE MANAGEMENT UNIT**

Florence Mkhize Building,
251 Anton Lembede Street,
Durban, 4001

Toll Free Number: 080 311 1111

Website: [http://: www.durban.gov.za](http://www.durban.gov.za)

Queries: <http://correspondence.durban.gov.za:200/>

REFUND APPLICATION**PLEASE COMPLETE IN BLOCK LETTERS****PLEASE TICK BELOW HOW YOU WISH TO RECEIVE YOUR REFUND**

TRANSFER TO OTHER MUNICIPAL ACCOUNT NUMBER _____

TRANSFER TO BANK ACCOUNT (EFT)

MUNICIPAL ACCOUNT NUMBER

1. DETAILS OF APPLICANT (if Non-Juristic Person)


First name(s)	
Surname	
ID Number	
Cell phone number	
Email address	

2. DETAILS OF APPLICANT (if Juristic Person)


Name of Organisation	
CIPC Registration No.	
Name of Director (applicant)	
ID Number	
Telephone number (land line)	
Cell phone number	
Email address	
Organisation official stamp	



3. DETAILS OF CONVEYANCER

Name of Conveyancer	
Address	
Telephone number	
Conveyancing firm official stamp 	

4. BANK DETAILS TO WHICH PAYMENT MUST BE MADE (completed by Bank and attach bank statement or bank account confirmation letter)

Name of Bank	
Bank Account number	
Bank Branch name	
Bank Branch code	
Bank Account type	
Insert Bank official Stamp here  (where applicable)	

5. DECLARATION AND CONDITIONS

1. I, the undersigned, hereby authorise and instruct the eThekweni Municipality to pay all amounts that may hereafter, from time to time, become due and payable to me/on behalf of the account holder, by the eThekweni Municipality by electronically transferring the same to the bank mentioned above for the credit of account detailed above.
2. I understand that I may opt to transfer all amounts due and payable to me, into another Municipal service account registered under my name.
3. I hereby certify that I am entitled to this refund and I understand that I will be liable to repay the amount refunded to the Municipality should it subsequently be established to the satisfaction of the City Manager or his authorised delegate that I am not entitled to such refund.
4. I hereby agree that the Municipality will not be held responsible for any incorrect details supplied by myself in this application.
5. I hereby agree that I will be liable for any bank charges raised in the event of any electronic banking transfer being unsuccessful due to incorrect information supplied.
6. I agree that refunds will be made ONLY to the account holder unless special circumstances exist as provided in the Municipality's Credit Control and Debt Management Policy.
7. I understand and agree that eThekweni Municipality shall not be liable for any loss I may suffer consequent upon such transfers pursuant to this authority and instruction.
8. I understand that the information as per the attached application form for refund will supersede any previous authorisation and instruction lodged with the eThekweni Municipality.

APPLICANT'S SIGNATURE

DATE

<u>FOR OFFICE USE ONLY</u>
Received by (Name & Service No): _____
Date received: _____
Captured by (Name & Service No): _____
Application met all requirements: YES / NO
Signature of capturing official: _____

6. DOCUMENTS TO ACCOMPANY THIS FORM

- Certified ID/Smart Card copy of Applicant
- Certified ID/Smart Card copy of Property owner
- Power of Attorney / proxy documents, where applicable
- Bank statement or bank account confirmation letter

PLEASE NOTE

- If customer opts to transfer his/her refund to another existing account held by the Municipality, banking details are not required and should be left blank.

7. SUBMISSION OF APPLICATION

Applications may be submitted electronically to <http://correspondence.durban.gov.za:200/>

Hand delivered applications may be sent to Sizakala Centres or any Revenue Customer Service Centres.

For further queries, contact Tel: 080 311 1111.

All applicants are encouraged to submit their application forms via email provided above, where possible.