

## APPLICATION FOR REFUND OF STREET DEPOSIT

<i>I</i> ,		(FULL NAMES),
hereby apply f	for a refund of the deposit in	the sum of R, paid per
receipt	dated	, attached to this application.
My application	n for the refund is based on	my claim that :
The Verge is c	lear of any building materic	l, and no damages have been done to the
Municipality V	Verge.	
IDENTITY NUM	IBER:	
RESIDENTIAL	ADDRESS:	
ERF NUMBER:		
POSTAL ADDR	ESS:	
TELEPHONE: _		
MUNICIPAL SE	RVICES ACCOUNT(S) :	
I	ha ahawa information is oon	next and that any false statement shall be subjected

I certify that the above information is correct and that any false statement shall be subjected to punitive measures, civil or criminal sanction as the Municipality deems appropriate in terms of Section 53 of the Bylaws. I also hereby authorize the Chief Financial Officer to offset the above deposit against any amounts that may be owing to the Kwa Dukuza Municipality in my name.

Yours faithfully,

SIGNATURE OF APPLICANT	DATE	
Banking Details of Applicant		
ACCOUNT HOLDER NAME:		
ACCOUNT NUMBER:		
NAME OF BANK:		
BRANCH CODE:		Page 1 of 2

## FOR OFFICIAL USE ONLY

a) Authority is hereby granted for the refund of the STREET DEPOSIT as requested

b) To Finance Directorate : **REFUND %** 

BUILDING CONTROL OFFICER

DATE

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## FINANCE DIRECTORATE USE ONLY

(Tick which is applicable)

REFUND

TRANSFER

DETAILS :