a world class African city

City of Johannesburg
Revenue Shared Services Centres (RSSC)

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Refund Application

This form is to be completed by a client who has moved out of his/her property and who require his/her deposit back.
Please note that the Cancellation of Agreement form must accompany this form.

Reference number | For office use only | Date D D M M Y Y Y Y

Date on which property was registered at the deeds office D D M M Y Y Y Y

Details of property being sold

Account no. | Stand no.

Suburb: _____

Physical Address: _____ Postal code:

Debtor name: _____ Identification no.

Tel no. (Work) (Home)

(Cell) Email address:

Attorney Banking Details

Account name: _____ Bank: _____

Type of account: _____ Branch code: _____ Account no. _____

_____

Signature of account holder or Signature of Director who is duly authorised signatory of the above mentioned company.

Please note

- If this is a Rates account please attach an Attorney's letter, requesting the Refund.
- If payments were made after the date of clearance, finalisation of account please attach proof of payment for such payments.
- Please attach a copy of your ID document (if combined - account copies of both account holders ID's are required plus written consent if the beneficiary is only one of the account holders or if the beneficiary differs to account holder's details).
- If this request is for a company, please attach a letter of authority on a company letterhead.
- If company name has changed, please provide proof thereof (change of name certificate or letter from Registrar of companies).
- If closed corporation, please attach the registration document.