



17. SASOHN REFUND CLAIM FORM

This form is to be used in cases where payment is required for a refund to a payee.

No refunds will be authorised where this form is not duly completed.

Please Note: By completing this form you consent in terms of the Protection of Personal Information Act (POPI) to your personal information being obtained, utilized, and stored by SASOHN data systems.

1. PERSONAL DETAILS

ID NO		SANC REG NO	
TITLE		SASOHN NO	
FIRST NAMES		CELL NUMBER	
SURNAME		WORK NUMER	
EMAIL ADDRESS			
POSTAL ADDRESS			
		POSTAL CODE	

2. EMPLOYMENT DETAILS

COMPANY		TEL NO	
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3. REFUND DETAILS

- 15% Admin Fee will be charged on all refunds.
- Claims for double payments, over payment, incorrect payment must be submitted within 60 days of initial payment to qualify for refund
- Note that all refunds will be made into the account from which it is originated.
- Proof of payment into SASOHN Account must be attached for payment to be refunded

REFUND PAYABLE TO			
REASON FOR REFUND			
DATE OF DEPOSIT		REFERENCE OF DEPOSIT	
AMOUNT CLAIMED	R	NAME OF BANK	
-15% ADMIN FEE		ACCOUNT NUMBER	
TOTAL AMOUNT REFUNDABLE		TYPE OF ACCOUNT	
PROOF OF DEPOSIT	YES	NO	BRANCH CODE
SIGNATURE OF CLAIMANT			
DATE			

OFFICE USE:

DATE FUNDS CLEARED FROM SASOHN ACCOUNT	
DATE REFUND MADE	
SIGNATURE	