I7. 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 and signing 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** |  |

1. **EMPLOYMENT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **COMPANY** |  | **TEL NO** |  |

1. **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 a 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** |  | | **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:** | |  |

**By signing this form, I confirm that the information provided is accurate and complete to the best of my knowledge. I understand that the refund process will be conducted in accordance with SASOHN’s policies and procedures.**

**I acknowledge that my signature, whether handwritten or electronic, serves as legal authorization for the processing of this refund request.**

**OFFICE USE:**

|  |  |
| --- | --- |
| **DATE FUNDS CLEARED FROM SASOHN ACCOUNT** |  |
| **DATE REFUND MADE** |  |
| **SIGNATURE** |  |