

PEC Utility Management (Pty) Ltd

Company Reg No 2004/032820/07

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REFUND REQUEST - RESIDENTIAL

Please complete and submit this application during office hours, together with clear copies of the following:

- Copy of account holder's ID or passport
- A cancelled cheque / copy of blacked-out bank statement / bank confirmation letter (for refund purposes)

Documents can be faxed or emailed to: clientserviceskzn@pecgroup.co.za or (f) 031 265 0041. Kindly confirm receipt thereof.

OFFICE USE

New Account No Primary BP No FB RC

PEC Reference No or E-Wallet No

Building Name

Unit No

Tenant Status Owner Tenant

Title Mr Mrs Ms Dr Prof Initials

Full Names

Surname

Identification Type RSA ID Passport Temporary ID (E.G. Refugee ID)

Identification No Identification expiry date

Country of Issue

Email Address

Landline No Cell No

BANKING DETAILS

Name of Bank

Branch Name Branch Code

Name of Account Holder

Account Number Type of Account Current Savings

REASON FOR REFUND

Credit balance on closed account (Refund will take place during the Service Provider's next credit run after requested documentation have been received by the Service Provider)

Incorrect/over payment made to PEC (A R 65.00 administration fee will be deducted from the incorrect/over amount and the balance thereof will be refunded between 5 and 7 business days after requested documentation have been received by the Service Provider)

Credit balance in E-Wallet account (Refund will take place between 5 and 7 business days after requested documentation have been received by the Service Provider)

TERMS & CONDITIONS

1. I/We hereby confirm that I have the authority to complete this request, and certify that the information provided in this form is correct.
2. I/We hereby indemnify PEC Utility Management (Pty) Ltd, it's owners and staff from any form of liability that may arise as a result of incorrect information provided by me/us.
3. I/We have read and understood the contents of this document and agree to its Terms & Conditions.

Signed on this (day) of (month) 20 (year)

Signature

Full Names & Surname (PLEASE PRINT)