Address: Unit 2, Bismarck Village
Cnr. of Simeon Shixungileni & Church Streets, Windhoek
Tel: 061 233264
Fax: 061 400821
E-mail Address: info@ecn.org.na
Website: www.ecn.org.na

REQUEST FOR A REFUND

Company ☐ **Individual** ☐ **Other** ☐

Full Name:_____

Company Name:_____

Postal Address:_____

Physical Address:_____

Contact Person:_____

Contact No.:_____

E-mail Address:_____

LIST ALL AMOUNTS BEING CLAIMED BELOW, AND ATTACH PROOF TO JUSTIFY REFUND:

AMOUNT	DATE OF EXPENDITURE	PURPOSE	REASON FOR REFUND CLAIM *(Attach proof)*
TOTAL: N$_____			

BANKING DETAILS:

Account Holder:_____
Bank:_____
Acc. No.:_____
Branch:_____
Branch Code:_____

☐ I/We certify that the above is true and correct, and that the provided banking details are the actual banking details of the claimant.

Certified correct by:

_____	_____	_____
Full Name	**ECN Reg. No.** (where applicable)	**Signature & Date**

Capacity:_____