REFUND REQUEST FORM

Reason for Refund: Account Closed Business Sold Overpayment
(*Please circle one*)

Other ______________________________________

Customer Details

GGNZ Account Number ______________________________________

Legal Name of Business ______________________________________

Trading Name of Business ______________________________________

Authorised Contact ______________________________________

Phone ____________________ Mobile ____________________

Customer Banking Details

(*Please attach copy of deposit slip or similar bank account verification*)

Name of Bank ______________________________________

Branch ______________________________________

Name of Account ______________________________________

Refund Amount $ __________

Account No

Office Use Only:

Date Received:

Approved By			
Title	**Name**	**Signature**	**Date**
Accounts Receivable Officer			
Accounts Receivable Manager			
General Finance Manager			
Accounts Payable Officer			

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