



HWC Reimbursement Application Form

Erf Number/Farm Name/Address of site

Reference used on incorrect deposit to be reimbursed

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Correct HWC Reference Number

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Name as per bank deposit

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Contact details Phone
Email

Date of deposit to be reimbursed

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(DD/MM/YYYY)

Amount to be reimbursed (R)

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***Please ensure that the following documents are attached to this form:**

EFT credit instruction form

Proof of incorrect payment

Recommendation of Delegated Authority

Authorise refund

Do not authorise refund

Reasons: _____

Name

Signature

Designation

Date