



# 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