Oshakati
TOWN COUNCIL

Head Office:
906 Sam Nujoma Road
Civic Center Oshakati
Namibia
Tel: +264 65 229500
Fax: 065 220 435

Credit/ Deposit Refund

CLAIM FORM

I/We would like to inform your good office that the municipal service in respect of a consumer account of the particulars appears below is officially terminated by my self/ us in my capacity as a rightful/ owner/ agent/ lessee.

Hence, claim the balance appeaing as a credit on the final account of the particurals listed bellow.

Claimant

Erf No.	
Municipal Account No.	
Account Name	
ID Number	
Contact Number	
Postal Address	
Bank details	
Name of Bank	
Branch Name	*Branch code*
Bank Account Number	
Amount Claimed	

I hereby confirm to the best of my knowledge and ability that the above stated information are true and correct.

Signature of the Claimant:_____ Date:___/____/_____