



**THE SOUTH AFRICAN DENTAL TECHNICIANS COUNCIL
APPLICATION FOR REPAYMENT (REFUND)**

PERSON DETAILS		
Name & Surname:		Registration No (if applicable)
Postal address:	Tel No:	Cell no:
Email address:		Physical address:
DETAILS OF INITIAL PAYMENT		
Reason for payment:	Date of payment:	Amount paid:
Attach proof of payment: Yes/No		Means of payment: Cash/ EFT/ Cheque/Bank Deposit
APPROVAL OF REPAYMENT (OFFICE)		
Confirmation of receipt of initial payment by office: ----- Designation Date	Any other outstanding fee: Yes/No	If yes, indicate the amount: R..... Outstanding fees are for the following:..... For which period..... Has the client been invoiced for the fees due: Yes/No
Approved/Not Approved	Reason for non-approval	Approved refund amount: R.....
Approved by 		
Registrar/CEO		Date

BANKING DETAILS FOR REFUND:

Account holder	
Account type	
Account number	
Branch code	
Branch name	