



*Accommodation / Conference Centre / Function Venue*

**REFUND AUTHORIZATION FORM**

**ACCOUNT HOLDER INFORMATION:**

Name: \_\_\_\_\_

Name of Company (if applicable): \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal: \_\_\_\_\_

Country: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone Number (including country code): \_\_\_\_\_

**BANK ACCOUNT INFORMATION:**

Bank Account Name: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch Code: \_\_\_\_\_

Swift Code: \_\_\_\_\_ Routing Number: \_\_\_\_\_

I, (full names) \_\_\_\_\_ with identity/passport number \_\_\_\_\_ hereby request, instruct and

authorise **Waterkloof Gastehuis CC** Trading as *Waterkloof Guest House* to **refund** my bank account with the below stipulated amount in respect of, and incidental to, our accommodation/ conferencing arrangements at Waterkloof Guest House. I agree to pay any bank charges relating to this transaction. Please attach a bank statement highlighting the transaction or the proof of payment and a copy of the identification document of the card holder or person authorizing the **refund**. Refer to our cancellation policy for the terms and conditions applicable to all reservations.

**Amount: (ZAR)** \_\_\_\_\_ **Invoice Number:** \_\_\_\_\_

**Cardholder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

445 Albert Street • Waterkloof • Pretoria • 0181 • Gauteng • South Africa

Vat Registration Number: 4710 2542 87 • Company Registration Number: 2006/147830/23

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