



CLAIM FOR CHEQUE CREDIT BALANCE REFUND

Date: ____/____/____

Name of Customer: _____

Company Name: _____

Customer No: _____

\$ [] []

Amount:

Mode of Dispatch (Please Tick)

Direct Deposit

Counter Collection

Bank Name: _____

Suva Customer Care

Bank Account: _____

Lautoka Customer Care

Account Holder: _____

Nadi Customer Care

Labasa Customer Care

Telephone Contact No: _____ Postal address: _____

Residential Address: _____

Customer Signature: _____ Company Stamp: _____

(For Commercial Customers)

Note:

[Attach the following documents]

- Domestic customers [Valid ID - FNPF Card/Driver's License or Passport]
- Commercial Customers [Copy of Company Registration and official Request Letter on L/Head]
- Deceased Customers [Copy of Registered Will or Copy of Probate with Personal ID of appointed recipient]

Note: If business customers want the cheque payable to the Owners name, they need to provide particulars of registration.

Official Use

CSR Name:

Date of Dispatch: