

**Contact Details:**

Phone: + 27 11 660 5672  
+ 27 11 660 7555  
Fax2Email: + 27 086 544 0008  
Fax: + 27 11 660 1887  
Email: [info@saesi.com](mailto:info@saesi.com)  
Website: [www.saesi.com](http://www.saesi.com)



**Addresses:**

No. 295 Jorissen Street  
Off Voortrekker, Monument  
KRUGERSDORP, 1739  
  
PO Box 613, KRUGERSDORP, 1740

**SAESI CLIENT REFUND REQUEST FORM**

*Disclaimer notice: SAESI will retain a 5% administration cost on all refunds.*

For attention to: .....

Transaction(s) applicable for request: *Mark with X*

Membership  Examination(s)  Accreditation

Amount paid: \_\_\_\_\_

Proof of Payment attached: Yes  No

***Please note that failure to complete the request in full detail may result in rejection of the request for refund.***

**Client Details**

Name of Requester: \_\_\_\_\_

ID and/or Member Nr.: \_\_\_\_\_

Company/Employee: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

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

**Client Bank Details;**

Name of Account holder: \_\_\_\_\_

Bank: \_\_\_\_\_

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

Branch Name and or Nr.: \_\_\_\_\_

Account Type: \_\_\_\_\_

**Details of Reason(s) for Request of Refund**

---

---

---

---

---

---

---

---

---

---

---

---

---

A Certified copy of the clients' ID must be attached.

A Copy of the original proof of payment must be attached.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date