

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
Website: 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 7% administration cost on all refunds.

Request for a Refund does not guaranty repayment, but will be evaluated for merit and only approved with the retainer deduction where the payment in error was beyond the control of the client.

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/Employer: _____

Contact Phone Number: _____

Email: _____

Client Bank Details;

Name of Account holder: _____

Bank: _____

Account Number: _____

Branch Name and or Nr.: _____

Account Type: _____

