



Kwila Insurance Corporation Ltd

REFUND FORM FOR DEDUCTION IN ERROR or AFTER CANCELLATION

(NOTE: Contributors MUST attached his/her letter, confirmation letter from Salaries, payslip with Kwila deduction showing and PVA or payslip with ceased deduction).

POLICY NO: _____ GROUP/FILE.NO: _____

NAME: _____ ADDRESS: _____

ERROR COMMENCED: _____ ERROR PAID TO: _____

SUSPENSE ACCOUNT

FERROR2: _____

Error requested by: _____ YFILES: _____

Name: _____ DERRNT: _____

Sign/date: _____ XFILES: _____

Sighted/Approved by: _____ TOTAL = _____
=====

Name: _____

Sign/date: _____ **NO "CASH" CHEQUE TO BE ISSUED**

PAY: _____

Referred to: _____ Name: _____ Sign: _____

<p>Referred to Accounts Department:-</p> <p>Received/Recorded by: _____</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>Back to: _____</p> <p>Received/Recorded by: _____</p> <p>Date: _____ Signature: _____</p> <p>Method of payment: _____</p> <p>Cheque collected by: _____</p> <p>Date: _____ Signature: _____</p> <p><u>REMARKS:</u></p>
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