

## REFUND PAYMENT ORDER INSTRUCTION

(To be submitted as an ORIGINAL document; faxed copies are NOT accepted)

TAXPAYER'S NAME : .....  
 TAX REFERENCE/ STR NUMBER : .....  
 Postal Address : .....  
 Telephone no.....Fax No.....  
 Email:.....

Dear Sir/ Madam,

The details of my/ our bank account are as follows:

Account Name : .....  
 Bank : .....  
 Account Number : .....  
 Branch Code : .....  
 Branch Name and Town : .....  
 Type of Account : Current (cheque)/ Savings / Transmission) (Tick as appropriate)

I/ we hereby request, instruct and authorise the Revenue Authority to pay any amounts which may accrue to me/ us to the credit of my/ our account with the abovementioned bank.

I / We undertake to inform the Revenue Authority in writing, should my / our banking details change at any time. I / We acknowledge that the Swaziland Revenue Authority is hereby absolved from any claim I / w e may have through my / our failure to timeously advise the Revenue Authority of any change in my / our banking details.

Yours Faithfully,

(Authorised taxpayer signatory as per bank mandate)

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

Designation: \_\_\_\_\_

Telephone no: \_\_\_\_\_

(Bank Stamp and signature of bank official)

Confirmation that this instruction has been signed in accordance with the mandate we hold.

For office use:

Taxpayer's details Confirmed by

Director in charge: \_\_\_\_\_

Date

\_\_\_\_\_