



PATIENT REFUND BANKING DETAILS INFORMATION FORM: NON SA CITIZEN / BANK

Dear Sir / Madam,

Account/Invoice Number : _____

Kindly supply Drs du Buisson, Kramer, Swart, Bouwer Inc with your bank account details, or the bank account details of the person you have nominated to receive your potential refund, in order for us to facilitate the process going forward:

Please note: Proof of payment must accompany this form.

Electronic Fund Transfer

Account Holder : _____

Passport Number: _____
(Please attach copy)

Address: _____

Bank Name : _____

Account Number: _____

Branch Code : _____

IBAN Number: _____

Swift Address: _____

Bank Street Address: _____

Declaration

I, _____, passport number _____ hereby confirm that the information provided above is correct and that any refund due to me may be processed as per above instructions.

I waive any claims against Drs du Buisson, Kramer, Swart, Bouwer Inc should the information supplied above be incorrect and Drs du Buisson, Kramer, Swart, Bouwer Inc paid the potential refund into an incorrect bank account. I understand that if I have nominated a third party to receive the potential refund on my behalf that Drs du Buisson, Kramer, Swart, Bouwer Inc has no liability should I not be able to obtain payment from such third party.

Name and Surname of authorized
person supplying details

Signature

Date

Contact Number

PLEASE EMAIL THIS COMPLETED AND SIGNED FORM TO: refunds@ampath.co.za