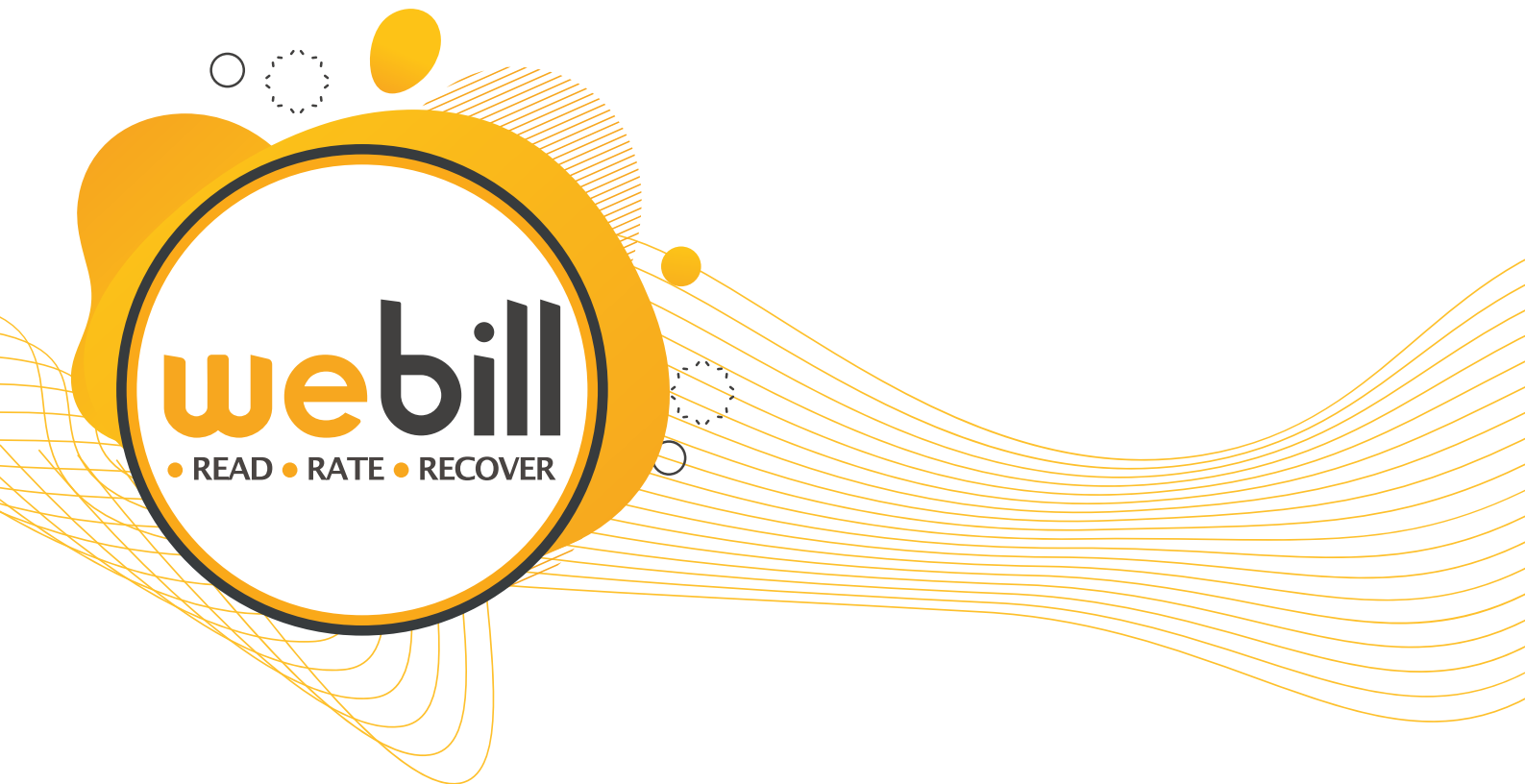


REFUND REQUEST



REFUND REQUEST | SWORN AFFIDAVIT

(All Refund Request forms must be completed physically in wet-ink. No electronically completed Refund Request form will be accepted nor processed)

Applicant Full Name: _____

Contact Number: _____

Email Address: _____

Registered/Physical Address: _____

Reason for Refund: _____

Payment Method: Credit Card

Account Holder Name: _____

Bank: _____

Account Number: _____

Branch Code: _____

Account Type: _____

By signing below, I acknowledge that I have read and understood the terms and conditions associated with this Refund Request and Refund Policy as contained below.

Applicant/Deponent Signature: _____

I certify that the Applicant/Deponent acknowledged that the Applicant/Deponent knew and understood the content of this Refund Request and Refund Policy, that I administered an oath prescribed by Regulation No. R1258 of July 1972 and thereafter the Applicant/Deponent in my presence signed the statement/affidavit.

Signed and sworn to at _____ on this the ____ day of _____ 20__

COMMISSOINER OF OATHS

FULL NAMES:
DESIGNATION:
ADDRESS:

Refund Policy:

1. Where a **Natural Person** completes a Refund Request:
 - 1.1 The **Refund Request** must be completed in full and signed by the Applicant in the presence of a Commissioner of Oaths.
 - 1.2 A clear certified copy of the Individual's **Identity Document**, must be attached.
 - 1.3 **Confirmation of banking details** must be attached. (An acceptable and recognized confirmation of banking details must be in a form of an original stamped bank statement or bank confirmation letter not older than 3 (three) months.
2. Where a **Juristic Entity** completes a Refund Request:
 - 2.1. The **Refund Request** must be completed in full and signed by the Juristic Entity's duly authorized representative in the presence of a Commissioner of Oath.
 - 2.2. A clear certified copy of the authorized representative's **Identity Document**, must be attached.
 - 2.3. A clear certified copy a **Resolution** by the Juristic Entity nominating the authorized representative to sign the Refund Request must be attached.
 - 2.4. A **CIPC extract** of the Juristic Entity, must be attached.
 - 2.5. **Confirmation of banking details** must be attached. (An acceptable and recognized confirmation of banking details must be in a form of an original stamped bank statement or bank confirmation letter not older than 3 (three) months.
3. Where there is a change in the banking details from what WeBill has on the system, the following must be supplied:
 - 3.1. An **affidavit** stating that the Applicant has changed banking details and both old and new banking details must reflect.
 - 3.2. **Confirmation of new banking details** must be attached. (An acceptable and recognized confirmation of banking details must be in a form of an original stamped bank statement or bank confirmation letter not older than 3 (three) months.
 - 3.3. All other information contained in 1 and 2 above (whichever applies).
4. The Applicant understands that by initiating this Refund Request, the Applicant will not be able to renege or dispute any credit card charges processed by WeBill to the Applicant in terms of this Refund Request for a minimum period of 6 (six) months from the date on which the refund is processed by WeBill. If the Applicant does, the Applicant agrees to be held liable for all chargeback and internal handling costs associated with the processing of a chargeback.
5. The Applicant agrees that the refund amount represents the full and final amount related to the transaction referenced in this Refund Request and that when this amount has been processed by WeBill, no further refunds or compensation will be sought in connection with this mentioned transaction.
6. The Applicant confirms all information and documents given are true, authentic and correct. The Applicant acknowledges that any misrepresentation, incorrect or falsified information related to this Refund Request may result in legal action.
7. The Applicant waives all claims against WeBill should the information supplied be incorrect and WeBill paid the refund into an incorrect bank account.

Please complete this Refund Request and return it to services@webill.net by email.

Once WeBill receives your Refund Request, WeBill will review it and process the Refund within 30 (thirty) business days.