



Swaziland Revenue Authority

HEADQUARTERS
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Mbabane, Swaziland

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E-mail: info@sra.org.sz
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REFUND PAYMENT ORDER INSTRUCTION

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

TIN :.....
PIN:.....
TAXPAYER'S NAME:.....
Postal Address :.....
Telephone no.....Fax No.....
Email :.....

Dear Sir/ Madam,

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

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.