553 Madiba Street Arcadia, Pretoria



PO Box 205 Pretoria, 0001

Tel: +27 (12) 338 9300 Email: refunds@hpcsa.co.za Website: www.hpcsa.co.za

Registration Number Member Surname Refund applied for SECTION B: REASON FOR APPLICATION OF REFUND Duplicate / Extra Payment (Please attach proof of payments) Exempted – Age (before 1st of April of the current year) Exempted – Ill Health (before 1st of April of the current year) Can't register (due to insufficient qualifications) Erased 19(1)c (before 1st of April of the current year) Other / Explanation: SECTION C: MEMBERS CONTACT DETAIL My registered address: Tel (h): Call: SECTION D: BANK DETAILS Name of Bank Branch Branch Code Account Number Account Number Account Holder SECTION E: REQUIRED SUPPORTING DOCUMENTATION A Member's bank detail confirmation via: Y Original or certified copy of letter from Bank, or Y Original or certified copy of cancelled cheque B Copy of ID or passport C Proof of payments as no refunds will be issued without them		SECTION	A: MEMBER A	PPLICATIO	N FOR R	EFUND				
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