



**APPLICATION FOR REFUND OF CONTRIBUTION(S)**

TAXPAYER REF

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DATE OF BIRTH

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To *THE COMMISSIONER OF INCOME TAX*

I \_\_\_\_\_ hereby request a refund of Contribution(s) which have been erroneously paid.

Employer \_\_\_\_\_

Tax year(s) \_\_\_\_\_

Contribution rate deducted £ \_\_\_\_\_ instead of £ \_\_\_\_\_.

Provide details of overpayment made \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Yours faithfully

CLAIMANTS SIGNATURE:

DATE:

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Telephone/Mobile no. \_\_\_\_\_

**\*Please NOTE that you will be required to present identification i.e. PASSPORT and/or ID CARD with this application.**

**FOR OFFICE USE ONLY**

Yes    No

<input type="checkbox"/>	<input type="checkbox"/>	BANK ACCOUNT DETAILS APPROVED
<input type="checkbox"/>	<input type="checkbox"/>	

INTLS .....	DATE .....
INTLS .....	DATE .....