



APPLICATION FOR REFUND OF CONTRIBUTION(S)

TAXPAYER REF

DATE OF BIRTH

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"/>	

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