**CSOL ON-LINE PAYMENT REFUND FORM - APPLICATION FOR REFUND OF COURT FEE**

**Applicant:**

**Address &**

**Contact No:**

**Please confirm how original payment was made: Credit / Debit Card Direct Debit**

*The Credit Card or Debit Card used to pay for application will be automatically refunded, should the application be approved*

**If payment by EFT: Bank Account Name**

**IBAN Number: Swift/BIC Code:**

**Refund Amount: E-mail address:**

**Signature of Applicant: E-mail address**

**Reason for on-line payment refund (Please complete appropriate box)**

1. **Incorrect / duplicate\* application type applied for: *(\*delete as appropriate)***

Incorrect / Duplicate Application type:

Incorrect / Duplicate CSOL Case No:

Incorrect / Duplicate Order ID:

Correct Application type:

Correct CSOL Case No:

Correct Order ID:

1. **Duplicate eRegister Premises Search:**

Date of search:

Premises ID:

Order ID:

If your reason is not listed above, please provide a summary below:

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**For Official Use Only**

The application has been assessed and it has been decided to grant/refuse the application.

Granted: Refused:

Signed: \_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for refusal (if appropriate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_