



**REFUND APPLICATION**

DATE: \_\_\_\_\_ ACCOUNT NO.: \_\_\_\_\_

SUBSCRIBER: \_\_\_\_\_ AGENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

\_\_\_\_\_

POST/DELIVER TO: SUBSCRIBER ADDRESS:  AGENT ADDRESS:

I.D/NIS # \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

REASON FOR REFUND: Inadequate Signal  Other Provider  Overpayment  Disconnection

Financial Reasons  Long Installation Wait  Long Service Call Wait  Dormant Account

OTHER REASON: \_\_\_\_\_

AMOUNT TO BE REFUNDED: \_\_\_\_\_

DELIVERY METHOD: POST  WILL COLLECT

\_\_\_\_\_

SUBSCRIBER

MCTV REPRESENTATIVE

CSR USER ID

**FOR OFFICIAL USE ONLY**

EQUIPMENT STATUS: Decoder/PS \_\_\_\_\_ Antenna \_\_\_\_\_

REFUND APPROVED BY MANAGER: \_\_\_\_\_

CHEQUE NO: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_ DATE POSTED: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE COLLECTED: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_