

Central Finance Office (CFO)

Non-Subspecies Claims Monitoring Unit (NSCMU)

CUSTOMER REFUND APPLICATION FORM

COSTOPILE REFUND APPLICATION FORP						
<u>SECTI</u>	ON 1: APPLICANT INFORMATION					
1.	Full Name:					
2.	Customer ID / Account Number: CCR					
3.	Contact Number: (+250)					
4.	Email Address:					
5.	Physical Address:					
6.	Preferred Customer Category:					
<u>SECTI</u>	☐ Individual Customer ☐ Corporate Customer ☐ Organization Customer ☐ Legal Entity Customer ON 2: TRANSACTION DETAILS					
7.	Invoice Number: LTGS - INV					
8.	Payment Initiated Date:/					
9.	Payment Amount: (RWF) Amount to Refund (RWF)					
10	. Mode of Payment:					
	☐ Cash ☐ Bank Transfer ☐ Mobile Money ☐ Card Payment ☐ Others (Specify):					





A	NR 19,	Nyagatare, Rv	wanda
3	(+250)	786 384 528	6035

info@ltgs.rw
www.ltgs.rw

11. Reason for Refund Request:						
☐ Overpayment						
☐ Duplicate Payment						
☐ Service Not Delivered☐ Billing Error						
☐ Others (Specify):						
(-1 3)						
SECTION 3: BANK / MOBILE MONEY DETAI	LS (If Applicable)					
For Banks						
12. Bank Name:						
13. Branch (if applicable):						
14. Account Name:						
15. Account Number:						
For Mobile Money						
16. Select: □ MTN Mobile Money □ Airtele Money □ E-Kash						
17. Mobile Number for Refund:						
18. Mobile Account Holder's Name:						
SECTION 4: DECLARATION						
						
I, confirm that the above information is accurate and request a refund as per LTSG Plc policies. I understand that processing time may vary based on						
verification procedures.						
APPLICANT'S FULL NAMES	ISSUED DATE	SIGNATURE				
ALL LIGATION OF THE HALLS	- ISSOLD DATE	DISTATIONE				
	//					



NOTE: Attach the following required documents:

- A copy of the original payment receipt to validate the payment transaction.
- Data Consent Application Form, which ensures that the applicant agrees to the processing and verification of their data as part of the refund process.
- © Customer Payment Clearance Certificate, issued by the LTGS Internal Billing Inspections Unit (IBIU), confirming that there are no outstanding balances or disputes related to the payment.
- Contract Termination Resolution Report (if applicable, for tenders), documenting the official termination of a contract and justifying the refund request.
- Any other supporting documents related to the refund request, such as service cancellation confirmations, communication records, or approval letters.

DISCLAIMER

The application of refunding processing may take up to 14 business days. While coordinating all requirements and analysis on refunding application.