Board Reference No.



## **CLAIM FOR REFUND OF OVERPAID GAMING TAX**

In accordance with the rules made by the Board in terms of Section 7 of the KwaZulu-Natal Gaming and Betting Act, No. 08 of 2010, the following form must be completed by a licensee for the claiming of a refund in respect of overpaid gaming tax.

Type of Sector	Casino			LPM		Bingo	
Name of Applicant							
Address							
Contact Number				Email Add	lress		
Applicant's Reference Number				Date Taxe Verified b	es Last y the Board		
Details of Reason/ Motivation for the							
claiming of refund in							
respect of overpaid							
gaming tax							
Signature of Applicant				Date of A	pplication		
Checklist in respect of suppor	rting documen	tation or in	formation	which must	accompany	the Claim Form:	√
	r the claim for refund of overpaid gaming tax						
	the amount of the refund						
If you require additional space kindly use blank standard A4-size paper and attach it to the application form. Please ensure that you clearly label the							
additional information provided.  Disclaimer: The list of documents specified to accompany these forms is not exhaustive. The Board does not waive any right it has, as set out in the Act,							
to call for further information or documentation. An applicant may include any additional information of documentation it deems necessary to support the application.							
Ciamantana at D	ı		For C	Official Use	! 4		
Signature of Board Employee / Recipient	Date of Receipt of Application						
Approved	Yes	No		Board Reso	lution No.		