



DRS DU BUISSON, KRAMER, SWART, BOUWER INC.  
166 Witch-Hazel Avenue  
Highveld Technopark, Centurion, 0157  
Private Bag X9, Highveld Park, 0067  
Tel: (012) 678 -1000 | Fax: (012) 678 -1815  
Registration number 2007/018337/21  
PR0520005200431

**PATIENT REFUND BANKING DETAILS INFORMATION FORM: SA CITIZEN / BANK**

Dear Sir / Madam,

Account/Invoice Number : \_\_\_\_\_

Kindly supply Drs du Buisson, Kramer, Swart, Bouwer Inc with your bank account details, or the bank account details of the person you have nominated to receive your potential refund, in order for us to facilitate the process going forward:

**Please note: Proof of payment must accompany this form**

**Electronic Fund Transfer**

Account Holder : \_\_\_\_\_  
Bank Name : \_\_\_\_\_  
Branch Name : \_\_\_\_\_  
Branch Code : \_\_\_\_\_  
Account Number: \_\_\_\_\_  
I.D Number : \_\_\_\_\_

**Declaration**

I, \_\_\_\_\_, I.D number \_\_\_\_\_ hereby confirm that the information provided above is correct and that any refund due to me may be processed as per above instructions.

I waive any claims against Drs du Buisson, Kramer, Swart, Bouwer Inc should the information supplied above be incorrect and Drs du Buisson, Kramer, Swart, Bouwer Inc paid the potential refund into an incorrect bank account. I understand that if I have nominated a third party to receive the potential refund on my behalf that Drs du Buisson, Kramer, Swart, Bouwer Inc has no liability should I not be able to obtain payment from such third party.

\_\_\_\_\_  
Name and Surname of authorized  
person supplying details

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Number

**PLEASE EMAIL THIS COMPLETED AND SIGNED FORM TO: [refunds@ampath.co.za](mailto:refunds@ampath.co.za)**