

發還按金申請表 Request for Guarantee Deposit Refund

申請人 Applicant		身份證編號 I.D.Card No.	聯絡電話 Contact No.									
合同編號 Policy No.	供水地址 Metered Address:											
按金編號 GD Number	按金持有人 Registered Name	按金金額(澳門幣) GD Amount (MOP)	附收據正本 With Receipt	遺失聲明* Declaration of Lost*								
總計 Total:												
<input type="checkbox"/> 遺失按金收據聲明: Declaration of Lost Guarantee Deposit Receipt : 本人聲明上述按金收據之正本作廢, 並無轉讓他人, 請 貴公司接受有關退款申請。本人明白如違反上述聲明, 需承擔法律責任。 I hereby declare the above original GD receipt is void without transfer to other party, and request for the approval of the GD refund application. I understand if I have violated the above declaration, I shall take fully legal liability.												
發還理由 Reason for Deposit Refund : <input type="checkbox"/> 申請終止供水。 Termination of water supply contract. <input type="checkbox"/> 已停止供水服務。 The water supply has been disconnected. <input type="checkbox"/> 已辦轉名 / 已另繳新按金。 Change of consumership / A new guarantee deposit has been paid. <input type="checkbox"/> 其他 _____ Others _____												
備註 Remarks :												
此欄由本公司填寫 For Office Use Only												
退款方式 Refund Method : <input type="checkbox"/> 退現金 Cash refund <input type="checkbox"/> 退以劃線支票* Crossed cheque*. 支票抬頭人 Cash/Cheque Payee : _____ <input type="checkbox"/> 退入指定供水戶口 Credit the deposit amount to assigned account. 合同編號 Policy No: _____ <input type="checkbox"/> 退款至銀行戶口 Credit the deposit to bank A/C _____			應付項目 Chargeable items : <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>水費 Water charges</td> <td>MOP</td> </tr> <tr> <td>停止供水費 Disconnection fee</td> <td>MOP</td> </tr> <tr> <td>其他 Others</td> <td>MOP</td> </tr> <tr> <td>總計 Total</td> <td>MOP</td> </tr> </table>		水費 Water charges	MOP	停止供水費 Disconnection fee	MOP	其他 Others	MOP	總計 Total	MOP
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*支票抬頭將根據按金單上之戶名。 領取支票請親臨本公司客戶服務中心繳費處, 地址: 澳門青洲大馬路718號。 *The cheque will be made payable to the person whose name appears on the deposit receipt. Please collect the cheque at our Cashier of Customer Center. Address: Avenida do Conselheiro Borja, No.718.												

簽名 Signature:	申請人 Applicant:	本人已收取上述按金的全數金額。 I/we have received the refund of the above deposit in full amount.	
		收款人 Payee:	
日期 Date:			
簽名 Signature:	客戶關係科 Customer Relation Division	發單科 Billing Division	出納科 Cashier
日期 Date:			