



SOUTH AFRICAN NATIONAL PARKS CREDIT CARD REFUND REQUEST INFORMATION

**TO66/1 C/CRefund
RFND NUMBER:**

International clients who requested a refund to their credit card account must complete this form and send it via e-mail to internationalrefunds@sanparks.org (do NOT use any other e-mail address)

AMOUNT REQUESTED:

Guest's Name			
Tour Operator Name	Client Code	Reservation No.	Permit No.
Postal Address:		Telephone No.	Cell No.
		E- mail Address	

CARD TYPE: Amex Diners Visa Master

CARD NUMBER

EXPIRY DATE

***CARD HOLDER**

*The name of account holder must be the same as the holder of the reservation

I hereby authorise SANParks to credit my credit card.

PASSPORT NUMBER **SIGNATURE**

1. By requesting the process of this credit card transaction, I accept that the transaction will be processed in South African Rand and that there may be differences as a result of exchange rate discrepancies.
2. All client details will remain strictly confidential, in accordance with SANParks privacy statement and the South African Credit Card Act.

_____ **SIGNED BY GUEST**

_____ **DATE**