

## SOUTH AFRICAN NATIONAL PARKS C/CRefund CREDIT CARD REFUND REQUEST RFND NUMBER: INFORMATION

International clients who requested a refund via e-mail to internationalrefunds@sanparks			
AMOUNT REQUESTED:			,
Guest's Name			
Tour Operator Name	Client Code	Reservation No.	Permit No.
Postal Address:	Telephone No.	Cell No.	Fax No.
	E- mail Address		
CARD TYPE:   Amex   Diners   Visa   CARD NUMBER   CARD NUM	Master	☐ EXPIRY D	ATE 🗆 🗆
*CARD HOLDER  *The name of account holder must be I hereby authorise SANParks to credit my credit card.	e the same as the holder of th	ne reservation	
PASSPORT NUMBER COCCO		IATLIRE	

- 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