

Refund Request Form

This form applies to payments made via BPay or BillPay. For credit or debit card reimbursements, please contact us at foodsafety@manningham.vic.gov.au

All sections below must be completed.

Payment Details

Payee name	
Registration number	
Business name	
Date of Closure	
Reason for refund	

Payee Banking Details

Account name	
Bank name	
BSB (XXX-XXX)	
Account number	

Payee Contact Details

Full address (including State & postcode)	
Email address	

Proof of payment from the payee's account will also need to be provided i.e. a snip from your bank account.

Please send your completed request form with your supporting documentation to foodsafety@manningham.vic.gov.au



Interpreter service

9840 9355

普通话 | 廣東話 | Ελληνικά

Italiano | عربي | فارسی

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