



FINAL BILL REQUEST FORM

Date:

Account & Premise Details:			
Account No:			
Building Name:		Unit Detail:	
Customer Name:			
Email Address:		Contact No:	
Customer Type:	Owner <input type="checkbox"/>	Tenant	<input type="checkbox"/>

Date of Final Bill: _____

Final Bill Request For:		
<input type="checkbox"/> Sale of Property (Owner)	<input type="checkbox"/> Clearance Certificate (Owner)	<input type="checkbox"/> Move Out (Tenant)

Final Bill Request Type:	
<input type="checkbox"/> NORMAL: 4 Working Days (AED 10 Applicable)	<input type="checkbox"/> URGENT:1 Working Day (AED 110 Applicable)

Refund Type: Please fill up the details below for the refund (if applicable):	
<input type="checkbox"/> Cash (Original Security Deposit receipt is required)	
<input type="checkbox"/> Cheque (15 working days). Under name of _____	
<input type="checkbox"/> Transfer to Empower Account No. (3 working days)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Yours Sincerely,

(Signature/ Company Stamp)

Important Notes

- * For Retail/ Company accounts, refund cheque will be only processed under company name
- * For Individual accounts, refund will be only paid to actual customer
- * No refunds will be paid to Power of Attorneys; Cash/ Cheque/ Transfers are only processed for actual customers

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Request Received By	Approved By
Name	Name
Date and Signature	Date and Signature