



**FINAL BILL & REFUND 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 Processing Time:
4 Working Days (AED 10 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. <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

**For Empower Use Only**

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