



Overcharge Refund Request Application (ORRA)

Customer Name: _____

Contact Number: _____

Email Address: _____

Preferred refund method:

- ☐ Refund to bank account of overcharged amount
- ☐ Donation to Wildbase Hospital
- ☐ Car parking voucher

Carparking voucher criteria	
Overcharge amount	Voucher amount
\$0.50 – \$5.00	\$5 voucher
\$5.50 – \$10.00	\$10 voucher
\$10.50 - \$12.50	\$15 voucher

If you have opted for a refund, please enter the below bank account holder details:

Bank account holder name: _____

Bank account number: _____

Please note: If you are opting for a refund of the overcharged amount, a bank deposit slip or screenshot from your bank statement showing the bank account number, bank account holder name and the bank logo must accompany this refund request. Unfortunately, we cannot process a refund without this.

If you have opted for a refund, please confirm the below banking document is attached:

- ☐ Deposit slip/bank statement attached