

Refund Request



Please complete this form and return via the following:

Mail: BOC Limited
PO Box 11161
Sockburn
Christchurch 8443

Email: enquiries@boc.com

All fields are mandatory

BOC Account Number

BOC Account Name



We want to ensure your refund is processed to the correct bank account. For verification purposes, please attach an image of one of the following:

- Bank statement header (account name and number only)
- Bank deposit slip
- Receipt of last payment made to BOC
- Void cheque

Details of the bank account to be credited

Bank Account Name

Bank Branch Account Number Suffix

Bank and Branch Name

Refund Amount \$

Name of Requestor
(print please)

Signature

Contact Number

Email Address