JSC Latvijas Gāze

Customer Service Centre: 20 Vagonu Street, Riga, LV-1009

Phone: 67869866, e-mail address: info@lg.lv

**APPLICATION FOR THE TRANSFER OR PAYOUT OF AN OVERPAYMENT**

THE FORM MUST BE COMPLETED IN BLOCK LETTERS

|  |  |
| --- | --- |
| Name, Surname/Name |       |
| Personal identity number/Reg. No. |       |
| Declared address |  |
| E-mail |       | Phone |       |
| [ ]  I am the authorised representative *(a copy of the power of attorney or a document confirming the right of representation must be submitted with the application)* |
| Subscriber number |  |
| The address, where the overpayment has formed |  |

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  **Overpaid amount** |       *EUR* | **to be transferred to subscriber No.:** |       |
| Address to which the overpayment should be transferred |       |

|  |  |  |
| --- | --- | --- |
| [ ]  **Overpaid amount** |       *EUR* | **to be paid to a current account *(only if the contract is terminated and no new contract is concluded)*** |
| Name, surname of the account holder |  |
| Personal identity number of the account holder |  |
| Bank name |  |
| Account Number |       |

**< Mai 2020 >**

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**< 2020 > JanvārisFebruārisMartsAprīlisMaijsJūnijsJūlijsAugustsSeptembrisOktobrisNovembrisDecembris**

**< 2020 - 2029 > 2020202120222023202420252026202720282029**

I attach (original or copy) to the application:

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  payment documents | [ ]  power of attorney | [ ]  other documents |  |

Information that the payment has been refunded:

|  |  |
| --- | --- |
| [ ]  should be sent to the e-mail specified | [ ]  I do not want to receive it |

By signing this application:

* I agree that, if I have a debt for another gasified object, the overpaid amount should be transferred to the address of the gasified object where the debt has incurred in proportion to the amount of the debt;
* I certify that in the case that a third party is indicated as the recipient of the overpayment, it has been granted the right to receive funds from *Latvijas Gāze* on behalf of the person, who has concluded the contract with *Latvijas Gāze* or on behalf of the payer;
* if the payment for natural gas, systems and other services at the gasified facility has been made by a third party, I undertake to inform the third party that in the case of overpayment, a person who has concluded the contract with *Latvijas Gāze* will be entitled to receive it;
* I agree that if the information or documents submitted in relation to the overpayment transfer are insufficient, I must provide the requested additional information within 15 days, but if the required information is not provided within 1 month, the overpayment transfer or payout will not be made;
* I confirm that I have read the [Personal Data Processing Statement](https://lg.lv/personas-datu-apstrades-pazinojums) of *Latvijas Gāze*, and I acknowledge its binding force.

*Latvijas Gāze* shall make the overpayment transfer or payout within 2 months from the date of receipt of the application or all of the necessary documents for the processing of the application.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 202 |  | year  |  |  |  |
|   |  |  |  |  | /signature and printed name/ |  |  |
| - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - **Notes of the employees of *Latvijas Gāze***

|  |  |
| --- | --- |
| [ ]  The overpayment is refused |  |
| [ ]  To be repaid |  | EUR | [ ]  To be transferred |  | EUR |  |
| Date |  | Signature and printed name of the employee |  |

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Bottom of Form