## **CUSTOMER SERVICE**

## APPLICATION FOR A REFUND OF AN INCORRECT PAYMENT

info@lg.lv www.lg.lv

## TO BE COMPLETED BY THE PAYER OR ITS LEGAL OR AUTHORISED REPRESENTATIVE

Name, surname	Personal identity number
E-mail	Telephone
I am the authorised representative (A must be submitted with the application)	copy of the power of attorney or a document confirming the right of representation
PAYMENT DATA	
Payment made to the wrong account	
Other reason	
Amount of the incorrect payment	EUR Date
INFORMATION ABOUT THE PAYER	R may be left blank if the proof of payment is attached
Name, surname	Personal identity number
REFUND	
Payment	EUR, transfer to subscriber No.:
Payment	EUR, to be paid into current account:
Name, surname/ title	Personal identity number/Reg. No
Account number	
I attach (original or copy) to the applica	ntion:
Payment documents	Power of attorney Other documents
Information that the payment has been	refunded
I wish to receive at the specified e-mai	I do not wish to receive
BY SIGNING THIS APPLICATION, I	CERTIFY, THAT:
required documents may be a reason for personal data for the purpose of process registration of the conclusion of the contra	on is complete and true. I am aware that false information or a refusal to provide the refusing to issue a refund. I have been informed that JSC Latvijas G ze processes ing the application, for communication in connection with the application, for the act and of consent to receive special offers, provided that personal rights are exercised sonal Data Processing, available at www.lg.lv
JSC Latvijas G ze shall make the refunction necessary documents for the processing of	I within 2 months from the date of receipt of the application or all of the application.
Date	Signature and transcript

