JSC Latvijas Gāze

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

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

**APPLICATION FOR A REFUND OF AN INCORRECT PAYMENT**

THE FORM MUST BE COMPLETED IN BLOCK LETTERS

*(To be completed by the payer or his legal or authorised representative)*

|  |  |
| --- | --- |
| Name, Surname/Name |       |
| Personal identity number/Reg. No. |       |
| Declared residential address: |  |
| E-mail |       | Telephone |       |
| [ ]  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)* |

**Payment data**

|  |  |  |
| --- | --- | --- |
| [ ]  Payment made to the wrong account  | [ ]  Another reason |       |
| Amount of the incorrect payment |       | EUR  | date |       |
| ***(may be left blank, if the proof of payment is attached)***  |
| Name, Surname/Name of the Payer |       |
| Personal identity number/reg. No. of the Payer |       |
| Card number *(if the payment was made with a payment card)* |
|     |
| Account number to which the payment was made |
|       |
| [ ]  I don't know, the payment was made using third party services |

**Refund**

|  |  |
| --- | --- |
| Name, Surname/Name of the Recipient |       |
| Personal identity number/reg. No. of the Recipient |       |
| Account Number |        |
|  |  |

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 certify, that:

* the information provided in the application is true and complete. I am aware that false information or a refusal to provide the required documents may be a reason for refusing to issue a refund.
* 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 refund 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 refund is refused | [ ]  To be repaid |  | EUR |
| Date |  | Signature and printed name of the employee |  |

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