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| The Kapiti Coast District Council will apply a cancellation fee based on the number of elapsed days from the receipt of this Withdrawal of LIM Application form. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Refunds issued if the LIM application is cancelled are:   * Date of receipt of application – 75 % of total fee paid will be refunded * Within two days of date of receipt application – 50 % of total fee paid will be refunded.   **Note: No refund will be issued after two working days.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant to complete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant Name: Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant Postal Address: Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant Email: Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Preferred contact phone: Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Location of LIM Property: Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LIM Number (if known): Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please credit this bank account Account Name:  (Note: You need to provide proof of bank account details, e.g. copy of deposit slip or screen capture): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Bank | | |  | | Branch | | | | | | |  | | | Account | | | | | | | | | | | | | | | Suffix | | | | |  |  |
| Please credit my Rates account for the property at: Click here to enter text.  (Note: You must be listed as an owner of the property to select this option) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Valuation number of property: | | | | | | | | | | | |  | |  | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  |
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| Date: Click here to enter a date. | | | | | | | | | | | Signature: Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For office use only: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of LIM application: Click here to enter a date. | | | | | | | | | | | | | | | | | Total LIM process days lapsed: Click here to enter text. | | | | | | | | | | | | | | | | | | | | |
| Amount to refund (incl GST): Click here to enter text. | | | | | | | | | | | | | | | | | GL Ref: 17191714 | | | | | | | | | | | | | | | | | | | | |
| Receipt/Reference Number: Click here to enter text. | | | | | | | | | | | | | | | | | Receipt/Reference Date: Click here to enter a date. | | | | | | | | | | | | | | | | | | | | |
| Authorised by: Click here to enter text. | | | | | | | | | | | | | | | | | Signature: | | | | | | | | | | | | | | | | | | | | |