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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 thisWithdrawal 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): |
|  |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |  |   |   |   |  |
|  | 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: |   |   |   |   |   |   |   |  |   |   |   |  |
|  |
| 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:  |