

Government of Barbados
Corporate Affairs / Intellectual Property
Application for Refund

Date:

Name of Applicant:

Signature of Applicant:

Address:.....

.....

National Registration:

NIS Number:

Company Name:

.....

Company Address:

.....

Reason for Change:

.....

.....

Amount requested for Refund:

Officer Submitting Request:

Date:

Nb: Please attach the Original Receipt to assist with processing.