

## OFFICE OF THE PRIME MINISTER (GENDER AND CHILD AFFAIRS) PAYMENT PER CHILD SYSTEM UTILITY BILL REFUND APPLICATION FORM – TTEC

Account Number							
Address of Community Residence – Line 1							
Address of Community Residence – Line 2							
Service Address – Line 1 (As Listed on Utility Bill)							
Service Address – Line 2							
Account Holder (As Listed on Utility Bill)							
Meter Number							
Billing Period		From:			To:		
<b>Total Amount Due for the Period</b>							
		ide to the	Office o	f the Prime M	inister, the	<u>OR</u>	IGINAL bill and payment receip
Submitted by (IN BLOCK LETTERS)							
Signature							
Date (dd/mm/yy)							
					Con	amu	unity Residence Stamp Here
		CT 07 T					
Recommended	Amount of		HE PRI	<u>ME MINSTE</u>	R (GENDI	ER A	AND CHILD AFFAIRS)
		Keluliu					
Not Recommended	Remarks						
Name of Recommending C	Officer						
Signature						_	
Date (dd/mm/yy)							