

REFUND DECLARATION FORM



LAW SOCIETY OF KENYA

To:
The Secretary/CEO
Law Society of Kenya
P.O Box 72219 – 00200
Nairobi.

1. ADVOCATES DETAILS

I _____ (Applicant) having P/105....., solemnly affirm and certify that in respect of the refund amounting to Kshs. with respect to International Arbitration Centre Payment (IAC), the amount claimed in the refund application has not been passed on to any other person and that the amount was paid by myself/employer whose details is provided below.

2. BANK DETAILS

| | | | |
|--------------|----------------------|----------------|----------------------|
| Bank Name | <input type="text"/> | Bank Branch | <input type="text"/> |
| Account Name | <input type="text"/> | Account Number | <input type="text"/> |
| SWIFT Code | <input type="text"/> | Branch Code | <input type="text"/> |


3. CONDITIONS OF REFUND APPLICATION

- All refunds will be processed in accordance with the Finance Policy and Procedures and will be paid within 22 working days.
- All refunds will be paid via electronic funds transfer (EFT), irrespective of the mode of payment and will be paid in Kenya Shillings only.
- Refunds will be paid into the same account as was used to make the original payment, unless proof is provided as to the change of the account but for the same firm/organization.
- Please ensure that you fill out this form carefully, as providing incorrect details may cause your refund to be delayed and maybe subjected to additional transaction fees.
- Please be aware that your bank may deduct banking transaction fees which could affect the final amount you receive.

4. DECLARATION

I..... hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and believe that nothing has been concealed therefrom. I declare that no refund on this account has been received by me earlier. I have read and agree to the above conditions of refund and declare that I am the person to whom this refund is to be paid and that I undertake to forthwith refund the amount absolutely to the employer or former employer if demand is made for the same by the employer. I understand that providing false or misleading information is a serious offence.

| | | | |
|-----------------------|--|----------------------|--|
| Advocate Signature | | Date (DD/MM/YYYY) | |
|-----------------------|--|----------------------|--|

 Please attach original receipt evidence to support your refund application

5. MULTIPLE REFUND

To be filled by a firm/organization applying for a refund for several advocates. Kindly expand the list or use additional paper where the number of advocates is more than the provided space.

| | NAME OF ADVOCATE | ADMISSION NUMBER | AMOUNT |
|-----|---------------------|------------------|--------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| | TOTAL AMOUNT | | |

OFFICIAL USE ONLY

6. REFUND CALCULATION

| | | | |
|----------------------|-----------------------|-------|-----------|
| Total Payment amount | | Kshs. | Comments: |
| Less: | Refund applied to PC | Kshs. | |
| | Refund applied to CPD | | |
| | Other refunds | Kshs. | |
| Total Refund payable | | Kshs. | |