

e-form

Form C - Application For A Cancellation, Reduction, Waivers And/Or Postponement Of A Registered Charge



Issue date			
ID Card No			
Title Name		Surname	
Door Name	Door Number	Building Entry Point Nam	ne
Street Name			
Locality Name			Post Code
Mobile	E-mail		

Form C	LRC Number: Date: Payment: Received by:
Application For Reference Of Charge	
Application Affecting:	
Nature Of The Application	
List Of Documents Submitted With This Application:	
Declaration Of Applicant: I hereunder signed, declare that all that is stated in this Form A and as that I have verified the relative documents, and that there is no fact that contrary to that brought in the documents.	

Signature and name in block letters

(For Office use)