



## BILL PAYMENT CLAIM FORM

### IMPORTANT:

- Always ensure that you receive a case reference number (CAS-XXX) when logging your query via [service@bluesupport.co.za](mailto:service@bluesupport.co.za).
- Always complete a Blue Label Claim as per below.
- Always quote your original case reference number (CAS-XXX) when submitting additional documentation or querying the progress of your query logged. Always supply supporting documentation.
- Please ensure you provide your store Kiosk account number (SPA/EEE/INF xxx) when logging a Bill Payment claim.

### RETAILER/STORE DETAILS:

Store Name:	
Account Number (EEE/INF/SPA):	
Store Contact Person:	
Contact Telephone Number:	
Date Logged:	
BLD Case Number:	
Date of Transaction:	
Account Number:	
Transaction ID/Ref:	
Bill Issuer:	
Total Amount of Transaction:	
Cashier:	

Method of Payment:							
Cash:		Debit Card:		Credit Card:		Cheque:	
Reason for Claim:							
Retailer Name (Please Print Name):				Retailer Signature:			