



Please complete form in BLOCK CAPITALS

An tSeirbhís Chúirteanna  
Courts Service

Solicitors Ref:

**CSOL ON-LINE PAYMENT REFUND FORM - APPLICATION FOR REFUND OF COURT FEE**

Applicant:

Address:

Contact No:  CSOL Case No

Please confirm how original payment was made: Credit / Debit Card  Direct Debit

*The Credit Card or Debit Card used to pay for application will be automatically refunded, should the application be approved*

If payment by EFT: Bank Account Name

IBAN Number:  Swift/BIC Code:

Refund Amount:  E-mail address:

Signature of Applicant:

**Reason for on-line payment refund (Please complete appropriate box)**

1) Incorrect application applied for: Incorrect Application   
CSOL Case No   
Order ID

Correct Application   
CSOL Case No   
Order ID

2) Duplicate application applied for: Duplicate CSOL Case No   
Order ID

3) Duplicate eRegister Premises Search: Date of search   
Premises ID   
Order ID

If your reason is not listed above, please provide a summary below:

\_\_\_\_\_

**For Official Use Only**

The application has been assessed and it has been decided to grant/refuse the application.

Granted:  Refused:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



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Reason for refusal (if appropriate): \_\_\_\_\_