

Please complete the relevant sections of this form and sign in Section 7 overleaf. Please print clearly in ink using **BLOCK** letters.

**What type of refund are you applying for?** *(Please cross one circle only)*

- Registration *(complete sections 1, 2, 7)*
- Licence *(complete sections 1, 3, 7)*
- Appointment *(complete sections 1, 4, 7)*

*If applying for a refund as an agent, also complete Section 6 or attach a letter of authority.*

**No refund is payable for a learner permit or vessel registration.**

**OFFICE USE ONLY**

Registration number																				
Licence no.																				
Date received		D		D		M		M		Y		Y		Y		Y		Y		

**Section 1 – Your personal (payee) details**

Surname or company name														
First given name or ACN/ARBN					Second given name					Third initial <i>(if any)</i>				
Postal address <i>(for refunds)</i>														
										Postcode				
Mobile phone no. <i>(or other if not applicable)</i>					Email									

**Section 2 – Registration refund**

- Car
- Motorcycle
- Trailer

Registration number																				
Engine/Serial number																				
Vehicle identification number																				

**Reason for refund**

- Cancellation
- Stolen vehicle/accident
- Change of rate
- Payment error

Quantity of plates returned																				
Date of return		D		D		M		M		Y		Y		Y		Y		Y		
Receipt number																				
Date of theft/accident		D		D		M		M		Y		Y		Y		Y		Y		
Office	<i>Attach police report or verification letter from insurance company.</i>																			
Date from		D		D		M		M		Y		Y		Y		Y		Y		
Current rate																				
New rate																				

*Attach supporting documents (e.g. copy of concession card).*

*(E.g. paid in error or double payment) Please provide details in Section 5 and attach receipts.*

**Section 3 – Licence refund** *(Refunds are not available for licences with less than 1 month to date of expiry)*

Licence no.																				
Date of birth		D		D		M		M		Y		Y		Y		Y		Y		
Date of expiry		D		D		M		M		Y		Y		Y		Y		Y		

**Reason for refund**

- Voluntary surrender\*
- Deceased\*
- Other

Date of surrender		D		D		M		M		Y		Y		Y		Y		Y	
Date of death		D		D		M		M		Y		Y		Y		Y		Y	
Name of deceased																			

*(E.g. payment error, eligible for free licence scheme.) Please provide details in Section 5 and attach receipts.*

*\*The current licence must be attached to this form. If it has been lost or destroyed, please write the circumstances in Section 5.*

**Section 4 – Appointment refund**

- Receipt attached
- Medical certificate attached

Appointment number																				
Date of appointment		D		D		M		M		Y		Y		Y		Y		Y		
Receipt number	Office																			
Reason for refund																				

**OFFICE USE ONLY**

- Yes
  - No
- The relevant records for the applicable refund have been checked.

Signature of authorised officer																				
Date		D		D		M		M		Y		Y		Y		Y		Y		
User ID																				

