

APPLICATION FOR A REFUND OF MOTOR TAX

RF120

Tax Disc must be surrendered immediately as refunds are generally calculated from the first of the month following the surrender of the disc. A minimum of 3 unexpired whole calendar months must be left on the disc when surrendered

A. OWNER/VEHICLE DETAILS

REGISTRATION NUMBER

Make/Model Colour(s)

Chassis Number

OWNER First Name(s)

Mr, Ms, etc. Surname OR Company Name

Address

Town/City County Phone No.

B. REASONS FOR REFUND

1. Vehicle Stolen
The vehicle was stolen on
Day Month Year
and has not since been recovered.

2. Vehicle Scrapped/Destroyed
The vehicle was scrapped completely and destroyed on
Day Month Year
and is incapable of being used on the roads.

3. Vehicle Exported
The vehicle was sent permanently out of the State on
Day Month Year

4. Vehicle Not Used
The vehicle has not been used in a public place at Any time since the issue of the tax disc

***5. Vehicle Unused because of Owner illness/injury**
I, the owner of the vehicle have ceased to use it from
Day Month Year
because of illness, injury or other physical disability and I will be unable to use it until at least
Day Month Year

***6. Vehicle unused because of Owner absence from the state**
I, the owner of the vehicle have Ceased to use it from
Day Month Year
because of absence from the State for business/educational purposes or overseas service with the Defence Forces.
I will be absent from the State until t least
Day Month Year

7. Vehicle Duty Error
The duty was paid/overpaid by mistake in the following Circumstances:
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Documents to Accompany Application:
In all cases Tax Disc and Vehicle Licensing Certificate or Registration (Log) Book
* Medical certificate, letter from educational body or business etc., confirming the relevant period

C. DECLARATION

I declare that the particulars given at A above are correct and I apply for a refund of motor tax for the reason (tick) given at B. I attach the required evidence (Medical Certificate, etc. as appropriate) in support of my claim and I further declare that the vehicle in respect of which the refund is being sought will not be used by me or with my consent in any public place during the remainder of the licensing period unless it is properly licensed

Signature of Owner: _____

Signature of Garda/Witness _____

Date _____

Garda Station Stamp

FOR OFFICIAL USE ONLY

Serial Number of Application	_____
Date of Surrender of Licence	_____
Date of Expiry of Licence	_____
Number of Months remaining	_____
Annual Rate of Tax	_____
Repayment/Refund Amount	_____
Date Allowed/Disallowed	_____
Date Repaid/Refunded	_____