



Application for Refund of a Eurovignette



AGES ETS GmbH
Postfach 40 04 64
40244 Langenfeld
Deutschland

Please note: Fields marked grey must be filled in as your application cannot be processed without these details/ documents.

Send the completed application with all documents by post, fax or email:

Fax: +49 2173 3346-479

Email: service-ets@ages.de

I herewith submit the following application for refund of the Eurovignette:

Eurovignette-No:														
Vehicle country/ number plate:							Booking date:							
Validity period of the Eurovignette:	Valid from:							Valid to:						
Applicant: (Company/ Mr./Ms./Mrs.)														
Street:														
Postcode and town:														
Country:														
Current bank details:														
Bank name:														
IBAN:														
BIC:														
Reason for your request for refund:														

Attached documents:

Copy of the vehicle registration documents or vehicle title. If you are not the owner of the vehicle: copy of the leasing contract in addition.	<input type="checkbox"/>
Copy of the booking receipt.	<input type="checkbox"/>
Vehicle has been deregistered or is no longer in service: official confirmation from the registration office.	<input type="checkbox"/>
Vehicle is not subject to charges: copy of an official document (normally the vehicle registration documents).	<input type="checkbox"/>

Date and place

Signature / company's stamp if available
(not necessary in case sent by email)