



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:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> </tr> </table>																													
Vehicle country/ number plate:									Booking date:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> </tr> </table>																				
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)*