



Application for Refund of a Eurovignette



AGES ETS GmbH
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Please note: Fields marked with * 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:	<input type="text"/>													
* Vehicle country/ number plate:	<input type="text"/>						Booking date:	<input type="text"/>						
Validity period of the Eurovignette:	* Valid from:	<input type="text"/>						* Valid to:	<input type="text"/>					
* Applicant: (Company/ Mr./Ms./Mrs.)	<input type="text"/>													
* Street:	<input type="text"/>													
* Postcode and town:	<input type="text"/>													
* Country:	<input type="text"/>													
Current bank details:														
* Bank name:	<input type="text"/>													
* IBAN:	<input type="text"/>													
* BIC:	<input type="text"/>													
Reason for your request for refund:	<input type="text"/>													

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 send by email)