Application for Refund of a Eurovignette

AGES Toll I GmbH
EUREF-Campus 1C
40472 Düsseldorf
Deutschland

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 or email to 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 Eurovig ette:	* Valid from:	* Valid to:	
* Applicant: (Company/ Mr./Ms./Mrs.)			
* Street:			
* Postcode and town:			
* Country:			

Current bank details:

* Bank name:	
* IBAN:	
* BIC:	

Request for refund:	◯ NL Exit refund (per 01-07-26)	◯ Other reason
Explanation other reason:		

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. **Urgently required!**	☐
Copy of the booking receipt.	☐
Vehicle has been deregistered or is no longer in service: Official confirmation from the registration office.	☐
Vehicle is not subject to charges: Copy of an official document (normally the vehicle registration documents).	☐

Date and place

send by email