



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 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. 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