

Application For Refund

Surname(s)/Company Name

Date of Birth

 / /

Customer ID

Given Name(s)

Contact Telephone Number

 ()

Residential Address

State Postcode

Postal Address (if different to residential)

State Postcode

Details of Surrendered Registration

Plate Number

Type

Make

Model

Body Style

Certificate Returned Yes No

Plates Returned Yes No

Other Refund Details *Please specify*

Declaration

I, the undersigned, hereby declare that (*Tick appropriate box*):

I am the owner of the above vehicle

I have the authority to signoff on behalf of the applicant

Applicants Signature

Date

 / /

Applicants Signature

Date

 / /

Privacy Statement

The Registrar of Motor Vehicles is required to collect information for registrations, licences and permits under section 92 of the *Motor Vehicles Act*. The Registrar adheres to the Department's Privacy Statement and the *Information Act*.