

Please complete the relevant sections of this form and sign in Section 7 overleaf. Please print clearly in ink using BLOCK letters.

What type of refund are you applying for? *(Please cross one circle only)*

- Registration *(complete sections 1, 2, 7)*
- Licence *(complete sections 1, 3, 7)*
- Appointment *(complete sections 1, 4, 7)*

If applying for a refund as an agent, also complete Section 6 or attach a letter of authority.

No refund is payable for a learner permit or vessel registration.

OFFICE USE ONLY

| | | | | | | | | | | | | | | | | | | | | |
|---------------------|--|---|--|---|--|---|--|---|--|---|--|---|--|---|--|---|--|---|--|--|
| Registration number | | | | | | | | | | | | | | | | | | | | |
| Licence no. | | | | | | | | | | | | | | | | | | | | |
| Date received | | D | | D | | M | | M | | Y | | Y | | Y | | Y | | Y | | |

Section 1 – Your personal (payee) details

| | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|-------------------------|--|--|--|--|----------|--|--|--|--|--|--|
| Surname or company name | | | | | | | | | | | | | | | | | | | | | |
| Given names or ACN | | | | | | | | | | | | | | | | | | | | | |
| Postal address <i>(for refunds)</i> | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | Postcode | | | | | | |
| Contact phone number <i>(mobile preferred)</i> | | | | | | | | | | Email <i>(optional)</i> | | | | | | | | | | | |

Section 2 – Registration refund

- Car
- Motorcycle
- Trailer

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Registration number | | | | | | | | | | | | | | | | | | | | | Engine/Serial number | | | | | | | | | | | | | | | | | | | | |
| Vehicle identification number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Reason for refund

- Cancellation
- Stolen vehicle/accident
- Change of rate
- Payment error

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------|--|--|--|---|--|---|--|---|--|----------------|--|---|--|---|--|---|--|---|--|--|--|--|--|--|--|----------|--|--|--|--|
| Quantity of plates returned | | | | | | | | | | Receipt number | | | | | | | | | | | | | | | | | | | | |
| Date of return | | | | D | | D | | M | | M | | Y | | Y | | Y | | Y | | | Office | | | | | | | | | |
| Date of theft/accident | | | | D | | D | | M | | M | | Y | | Y | | Y | | Y | | | <i>Attach police report or verification letter from insurance company.</i> | | | | | | | | | |
| Date from | | | | D | | D | | M | | M | | Y | | Y | | Y | | Y | | | Current rate | | | | | New rate | | | | |

Attach supporting documents (e.g. copy of concession card).

(E.g. paid in error or double payment) Please provide details in Section 5 and attach receipts.

Section 3 – Licence refund *(Refunds are not available for licences with less than 1 month to date of expiry)*

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|---------------|--|---|--|---|--|---|--|---|--|---|--|---|--|---|--|---|--|---|--|
| Licence no. | | | | | | | | | | Date of birth | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | D | | D | | M | | M | | Y | | Y | | Y | | Y | | Y | |
| Date of expiry | | | | | | | | | | | | D | | D | | M | | M | | Y | | Y | | Y | | Y | | | |

Reason for refund

- Voluntary surrender*
- Deceased*
- Other

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------|--|---|--|---|--|---|--|---|--|------------------|--|---|--|---|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Date of surrender | | | | | | | | | | Name of deceased | | | | | | | | | | | | | | | | | | | |
| | | D | | D | | M | | M | | Y | | Y | | Y | | Y | | | | | | | | | | | | | |
| Date of death | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | D | | D | | M | | M | | Y | | Y | | Y | | Y | | | | | | | | | | | | | |

(E.g. payment error, eligible for free licence scheme.) Please provide details in Section 5 and attach receipts.

**The current licence must be attached to this form. If it has been lost or destroyed, please write the circumstances in Section 5.*

Section 4 – Appointment refund

- Receipt attached
- Medical certificate attached

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Appointment number | | | | | | | | | | Date of appointment | | | | | | | | | | | | | | | | | |
| Receipt number | | | | | | | | | | Office | | | | | | | | | | | | | | | | | |
| Reason for refund | | | | | | | | | | | | | | | | | | | | | | | | | | | |

OFFICE USE ONLY

- Yes
 - No
- The relevant records for the applicable refund have been checked.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|------|--|---|--|---|--|---|--|---|--|---|--|---|--|---|--|---|--|--|
| Signature of authorised officer | | | | | | | | | | | | | | | | | | Date | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | D | | D | | M | | M | | Y | | Y | | Y | | Y | | |
| User ID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Section 5 – Further details *(Use this section if additional space is required)*

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Section 6 – Agent’s authority *(Complete this section if authorising another person to submit this claim on your behalf)*

Your agent will be asked to provide satisfactory personal identification.

| | | | | | | | | |
|--------------------|--|--|-----------------------|----------|--|--|--|--|
| Name of agent | | | | | | | | |
| Address of agent | | | | | | | | |
| | | | | Postcode | | | | |
| Signature of agent | | | Signature of claimant | | | | | |

Section 7 – Your signature

Personal information VicRoads collects from you may be used by VicRoads as permitted by the *Road Safety Act 1986* and the *Marine Safety Act 2010*. VicRoads may disclose personal information it collects from you to various organisations and persons as permitted by law, particularly by the *Road Safety Act 1986*. This includes the photograph and other information on your driver licence or learner permit being used for the purposes of biometric matching through the National Driver Licence Facial Recognition Solution for law enforcement, national security and other purposes. Personal information may be disclosed to contractors and agents of VicRoads, law enforcement agencies, other road and traffic authorities, the Transport Accident Commission, vehicle manufacturers (for safety recalls), road safety researchers, courts and other organisations or people authorised to use the personal information.

Failure to provide the information may result in this form not being processed, or records not being properly maintained. For further information about our use of your personal information and your right of access to it, see VicRoads brochure *Protecting your privacy* or contact VicRoads on 13 11 71.

Providing false and/or misleading information or documents is an offence under the *Road Safety Act 1986* and/or *Marine Safety Act 2010* and can result in you being fined or imprisoned. Any authority or approval, given as a result of you providing such information/documents, may be reversed and have no effect.

By signing this form, I declare that the information in this form and related supporting documents is true, correct and complete, and I understand the privacy statement.

| | | | | | | | | | | | | | | |
|-----------------------|--|--|--|--|--|--|------|---|---|---|---|---|---|---|
| Signature of claimant | | | | | | | Date | | | | | | | |
| | | | | | | | D | D | M | M | Y | Y | Y | Y |