

VEH 54	Transport Malta Land Transport Directorate	 Transport Malta
APPLICATION FORM TO REQUEST A REFUND	Telephone: (00356) 2556 0000 Website: www.transport.gov.mt	

A. VEHICLE DETAILS		
Vehicle Registration No.	System No.	Date

B. DETAILS OF BENEFICIARY PERSON AND BANK DETAILS	
Name & Surname:	Address:
ID Card No:	
Tel / Mob No:	
Bank Name:	IBAN No:

C. REFUND DETAILS	√	TRANSACTION DATE	LICENCE VALIDITY	REMARKS
Vehicle Garaged		/ /	/ /	
Vehicle Scrapped		/ /	/ /	
Vehicle Stolen				
Vehicle Exported				
Other Reason				

D. REQUEST
<p>I, the undersigned _____, owner of the vehicle in section A, find no objection that the refund of the unutilised quarter/s of the annual circulation fee as provided under Regulation 21 (3) (a) and (b) of the Registration and Licensing of Motor Vehicles Registration Regulations (S.L. 368.02) is issued to the beneficiary in section B. Moreover, hereby agree to indemnify and save harmless the Authority for Transport in Malta and all its officers and employees against any all liability, loss, damages, cost or expense which it or them may ever hereafter incur, suffer or be required to pay by reason of said request.</p>
<p>_____ Signature</p> <p>_____ ID Card Number</p> <p>_____ Date</p>

F. FOR OFFICE USE ONLY	
Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>	
Signature: _____	Stamp:

FOR ACCOUNTS SECTION	
Refund Amount: €	Signature & Stamp
Date posted to DAS: ____ / ____ / ____	
Treasury Ref No:	