

Request for Refund of Duty on an Application to Register a Motor Vehicle

Note:

- **Required evidence:** You must lodge the original certificate of registration with this form
- **All evidence must be provided for your application to be considered. Failure to provide this evidence will result in your documents being returned unprocessed**
- Under the *Taxation Administration Act 1996*, it is an offence to give false or misleading information
- Print clearly in the boxed spaces and tick the appropriate box.

Applicant's details

Applicant's name	
Address	
Suburb	Postcode
Daytime phone ()	

Details of motor vehicle

Vehicle make and model	Registration number
Chassis number	Engine number
Date of purchase / /	Date of return / /
Amount of duty paid \$	Amount of refund claimed \$

Reason for refund:

the vehicle is returned to the dealer within 3 months of purchase (whether or not because it was faulty).
Application must be made within 3 months of return of vehicle)

the sale of the vehicle did not proceed and the purchaser did not take possession of the vehicle

the vehicle was last registered in the same name and duty was paid on that registration

the vehicle is a demonstrator motor vehicle for which an exemption authority has been issued

the person or organisation in whose name the vehicle is registered is exempt from duty on an application to register a motor vehicle (eg charities)

the vehicle is found to have been stolen before purchase and is repossessed or is impounded by the Police Department (application for refund must be made within five years after the date of registration of the vehicle)

the vehicle was purchased by a War Veteran who meets the criteria under the *Duties Act 1997 Section 267 (7A)*.
Proof is required from Veterans Affairs Department

other (please attach details)

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Signed		
this (Day)	of (Month)	(Year) 20

Refunds

If the refund is to go to a third party, that person must have a letter of authority from the person who is primarily liable (the taxpayer).





Direct credit details

BSB number	Account name
Financial institution	Account number
Branch	

Privacy statement

Information collected from you on this form is required by Revenue NSW to determine if you have a liability or entitlement. The information may be provided to third parties with your consent or as required or permitted by law. Revenue NSW will correct or update your personal information at your request. Read more about privacy at www.revenue.nsw.gov.au

Contact details

 1300 139 814* (Monday – Friday, 8.30 am – 5.00 pm) *Interstate clients please call (02) 9689 6200
 www.revenue.nsw.gov.au  duties@revenue.nsw.gov.au  Help in community languages is available.

 Postal address	DX number
GPO Box 4042 Sydney NSW 2001	DX 456 Sydney

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