



**DIVIDEND WITHHOLDING TAX (DWT)**

(as provided for by Chapter 8A of Part 6 of the Taxes Consolidation Act, 1997) as inserted by Section 27(a) of the Finance Act, 1999)



**MARKET CLAIM REFUND FORM**

Please ensure that a refund schedule is attached totalling the amount outlined at (B) below.

Name of Q.I./Brokerage Firm:- \_\_\_\_\_

Address of Q.I./Brokerage Firm \_\_\_\_\_

Irish Tax Reference Number (if relevant):- \_\_\_\_\_ Period under review:- \_\_\_\_\_ to \_\_\_\_\_

Total amount of DWT refundable to the Q.I./Brokerage Firm:- € \_\_\_\_\_ (A)

Net amount to be refunded to the Q.I./Brokerage Firm (after offsets) € \_\_\_\_\_ (B)  
 (note - The amounts at A and B may be the same) :-

- I declare on behalf of the Q.I./Brokerage Firm that the amounts stated at A and B are correct.
- I enclose appropriate documentary evidence substantiating these amounts.
- I enclose a copy of the exemption declaration for the underlying beneficiary, or where the underlying beneficiary is a client of another Q.I., I hold notifications to prove that the underlying client is exempt from D.W.T. and I undertake to supply Revenue on request, with this documentation and any further supporting documentation in respect of the entire of this claim or any part thereof.
- I declare that the Q.I./Brokerage Firm has accounted for DWT for which it was required to account in respect of all previous market claim transactions and have returned these to Revenue.
- I have been authorised by the persons listed in the attached schedules to submit Dividend Withholding Tax reclaims on their behalf.
- I undertake that all monies repaid to us by Revenue on foot of this claim will be paid to the underlying beneficial owners, as appropriate, and we indemnify Revenue against any losses or liability which it may incur as a result of any failure on our part to comply with this undertaking.

**Signed:** \_\_\_\_\_ **Relationship to Q.I. Brokerage Firm:** \_\_\_\_\_

- The refund should be made payable to: **Please tick option 1, 2 or 3 below**

**Option 1**  **Electronic Fund Transfer (EFT) is now available to Irish based bank accounts only. If you wish to elect for EFT please provide the following:**

Account Name

Account Number

Branch Sort Code

**Option 2**  Cheque made payable to claimant at Claimant's Address above

**Option 3**  Cheque made payable to an account in a bank or other financial institution (provide details as follows:

Name of institution

Address of institution

Account Name

Account Number

Branch Sort Code

# SCHEDULE TO ACCOMPANY MARKET CLAIM REFUND FORM

NAME OF CLAIMANT: \_\_\_\_\_



## CALCULATION OF TOTAL AMOUNT REFUNDABLE TO CLAIMANT

DATE \_\_\_\_\_

PAYING COMPANY i.e. STOCK	C.T. NUMBER of PAYING COMPANY	DIST. DATE	HOLDING	GROSS DIVIDEND	DWT DEDUCTED	NET DIVIDEND	EXEMPT RECIPIENT	NAME OF BROKER FROM WHOM DISTRIBUTION RECEIVED	CREST REFERENCE	ENCLOSED	
										MARKET CLAIM VOUCHER	CREST- SCREEN- SHOTS

TOTAL DWT: