

Our reference: 500/91scb File no.:  (please enter)



Oifig na gCoimisinéirí Ioncaim  
Rannán na gCásanna Móra  
Teach Ballaugh  
73/79 Sráid an Mhóta Íocht  
Baile Átha Cliath 2, Éire

Office of the Revenue Commissioners  
Large Cases Division  
Ballaugh House  
73/79 Lower Mount Street  
Dublin 2, Ireland

## STAMP DUTY ON POLICIES OF INSURANCE (NON-LIFE)

Payment under Composition Agreement

### SECTION 5, STAMP DUTIES CONSOLIDATION ACT, 1999

Insurer's statement for the quarter ending:

D	D	M	M	Y	Y	Y	Y
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Name of Insurer:

Address:

Number of Policies issued as per schedule attached:

Total Stamp Duty @ €1.00 per policy:

€

Method of Payment (✓ as appropriate)

Cheque/Draft

EFT: Value Date

D	D	M	M	Y	Y	Y	Y
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I certify that the above is a full and true account of all unstamped Policies issued during the quarter ended: 

D	D	M	M	Y	Y	Y	Y
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 in respect of Composition for Stamp Duties.

Insurer's Signature

Date

D	D	M	M	Y	Y	Y	Y
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