

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



Oifig na gCoimisinéirí Ioncaim
Rannán na gCásanna Mora
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 Stamp by Receipt Method

SCHEDULE 1, STAMP DUTIES CONSOLIDATION ACT, 1999

Insurer's statement for the period 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 by:

during the period ending:

D	D	M	M	Y	Y	Y	Y
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in respect of Stamp Duty on Policies of Non-Life Insurance.

Insurer's Signature

Date

D	D	M	M	Y	Y	Y	Y
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