



Claim for Repayment of Excise Duty on Fuel Used in Motor Vehicles for the Transport of Drivers & Passengers with Disabilities

Customer No:

Warrant No: (official use only)

(Please Complete in Block Capitals)

Name: _____

Address: _____

Name of person with disability (if different from above): _____

Telephone No: _____ Vehicle Registration No: _____

Period of Claim (not less than 4 months or a multiple of 4 months):

FROM	TO

Please as appropriate

- * The total litres of fuel used in the vehicle during the period of the claim is:
- * Fuel type used:

Unleaded	Super-Unleaded	Diesel	LPG
- * The percentage of the total amount of fuel purchased which was used in connection with the transportation of the person with a disability is: %
- * The mileage/km reading of the vehicle on the last day of the claim is:
- * Is this claim in respect of a Driver with a Disability or a Passenger with a Disability:

NOTE: Excise duty is repayable only on fuel actually used in the transportation of the person with a disability.

In respect of the amount of fuel specified in the Schedule overleaf, I hereby apply for a repayment of the Excise Duty on _____ litres which were actually purchased and used in the State in connection with the transportation of the person with the disability and I hereby declare that the amount of the fuel used for that purpose is a true and accurate calculation.

Signature: _____ Date: _____

This claim, **fully completed**, should be forwarded to the address below;
PLEASE DO NOT SEND FUEL RECEIPTS WITH CLAIMS. FUEL RECEIPTS SHOULD BE RETAINED FOR TWO YEARS.

DRIVERS WITH DISABILITIES (FUEL) SECTION
REVENUE COMMISSIONERS
FREEPOST
COOLSHANAGH
MONAGHAN
TELEPHONE; Lo-Call 1890-60 60 61, also 047-38010 FAX 047-82782

NOTE: A repayment of excise duty is granted on fuel used, up to an annual maximum of 2,728 litres. Please indicate on a separate sheet if your circumstances have changed since your previous claim.

