

REQUEST FOR A REFUND OF EXCISE DUTY FOR GAS OIL USED AS A PROPELLANT FOR COMMERCIAL PURPOSES

(Read the instructions before completing the form.)

IDENTIFICATION DATA OF THE ENTITLED PERSON:					
Tax ID number:					
Name:					
E-mail address:					
Phone number:					
Registered office / address:					
Postal code, place, country:					
The refund of excise duty is claimed for:	<input type="checkbox"/>	month:		year:	
	<input type="checkbox"/>	quarter:	, ,	year:	
	<input type="checkbox"/>	year:			
Gas oil was used for commercial transport of:	<input type="checkbox"/> Goods				
	<input type="checkbox"/> Passengers				
Quantity of the used gas oil which the excise duty refund is claimed for (in litres)					
Number of invoices for the purchase of gas oil on the basis of which the refund is claimed					

IDENTIFICATION DATA OF THE REPRESENTATIVE:	
Tax ID number:	
Name:	
E-mail address:	
Phone number:	
Registered office / address:	
Postal code, place, country:	

ACCOUNT INFORMATION:		
Account holder	Entitled person	<input type="checkbox"/>
	Representative	<input type="checkbox"/>
Transaction account number (IBAN)		
BIC / SWIFT code		

QUANTITY OF GAS OIL USED PER MONTH (for the transport of goods in litres)						
1	January		February		March	
2	April		May		June	
3	July		August		September	
4	October		November		December	

QUANTITY OF GAS OIL USED PER MOTOR VEHICLE (for the transport of goods)					
Seq. number	Registration number	Quantity of gas oil used (in litres)	Seq. number	Registration number	Quantity of gas oil used (in litres)
1			7		
2			8		
3			9		
4			10		
5			11		
6			12		

QUANTITY OF GAS OIL USED PER MONTH (for the transport of passengers in litres)						
1	January		February		March	
2	April		May		June	
3	July		August		September	
4	October		November		December	

QUANTITY OF GAS OIL USED PER MOTOR VEHICLE (for the transport of passengers)					
Seq. number	Registration number	Quantity of gas oil used (in litres)	Seq. number	Registration number	Quantity of gas oil used (in litres)
1			7		
2			8		
3			9		
4			10		
5			11		
6			12		

SELLER OF GAS OIL (TOTAL QUANTITY FOR TRANSPORT OF GOODS AND PASSENGERS)		
Tax ID number	Name	Type and quantity of gas oil used (in litres)
1.		
2.		
3.		
4.		

PROOFS		
Seq. number	Type of proof	Identification mark of proof
1		
2		
3		
4		

By signing this request, we declare that the information given in this request is true.

Place and date: _____

Name, surname and signature of the entitled person: _____