

APPENDIX 6 – APPLICATION FOR REIMBURSEMENT NIGHT-TIME RATE A 13

APPLICATION NUMBER: (to be filled out by ASFINAG!)	
APPLICATION	
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<p style="text-align: center;">according to section 4 Tolling Regulations Part B for the reimbursement of the accounted night-time rate on the A 13</p> <p>I / we apply for the reimbursement of the difference amount between the night-time rate and the regular rate for the following category 4 vehicle. I / we confirm, that the vehicle is authorized for the transportation of persons, and was not used for the transportation of goods during the time of the trip.</p> <p>1. TIME OF THE TRIP (in case of multiple trips on the A 13, pls. use page 2 of this form) Date of the (single) trip: Time of the trip: from till Distance covered (motorway junctions from - till):</p> <p>2. INFORMATION ABOUT THE VEHICLE Nationality / License plate number: / Vehicle type / number of axles: / GO-Box number (if known):</p> <p>3. INFORMATION ABOUT THE VEHICLE'S REGISTERED OWNER First and last name (company name): / Address: Contact person: Phone / Fax / E-mail: / /</p> <p>4. BANK DETAILS OF THE REGISTERED OWNER OF THE VEHICLE Bank: Bank code number (BIC / SWIFT Code): Bank account number (IBAN): Please ask for these details (BIC/SWIFT and IBAN), if not already known, at your bank.</p> <p>5. ATTACHMENTS To ensure proper processing of your application, the following documents are to be attached to the application form:</p> <ul style="list-style-type: none"> • Proof that the night-time rate has been charged (e.g. detailed statement of toll transactions or list of the latest toll transactions). • Copy of the vehicle's registration document (only for the first application request) <p>The completed and duly signed form is to be sent by post or by fax to: ASFINAG Maut Service GmbH, Schnirchgasse 17, 1030 Wien, Austria Fax: +43 1 955 1277</p>	
..... Location, date (Signature of the registered owner of the vehicle)

