

**APPENDIX 7a – APPLICATION FOR REIMBURSEMENT  
for non-military vehicles up to 3.5 t GVW in the scope of PfP-SOFA**

APPLICATION NUMBER: ..... (to be filled out by ASFINAG!)	
<b>APPLICATION</b>	
according to section 5 (1)(3) Federal Road Tolls Act and section 1.3.3.1, third subparagraph, Tolling Regulations Part A for the reimbursement of the accounted time-related toll	
I / we apply for the reimbursement of the accounted time-related toll for the following vehicle. I / we confirm, that the vehicle was used within the meaning of section 1.3.3.1, Tolling Regulations Part A I.	
<b>1. TIME OF THE TRIP</b>	
Date of the single trip: .....	Time of the trip: from ..... till .....
Distance covered (motorway junctions from - till): .....	
<b>2. INFORMATION ABOUT THE VEHICLE</b>	
Nationality / Vehicle registration number: ..... / .....	
Vehicle type: .....	
<b>3. INFORMATION ABOUT THE VEHICLE'S REGISTERED OWNER</b>	
First and last name (company name): ..... / .....	
Address: .....	
Contact person: .....	
Phone # / Fax # / E-mail: ..... / ..... / .....	
<b>4. BANK DETAILS OF THE REGISTERED OWNER OF THE VEHICLE</b>	
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. .....	
<b>5. ATTACHMENTS</b>	
To ensure proper processing of your application, the following documents are to be attached to the application form:	
<ul style="list-style-type: none"> <li>• NATO-form (EUFOR, KFOR, US ARMY, ...), military way-bills or similar, which fit exactly to the vehicle registration number and show the correct date.</li> </ul>	
The completed and duly signed form is to be sent by post or by fax to: ASFINAG Maut Service GmbH, Schnirchgasse 17, A-1030 Wien	
Fax from Austria: 0800 400 11 444, Fax from other countries: 0043 1 955 12 77.	
..... Location, date	..... (Signature of the registered owner of the vehicle)