

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

APPLICATION NUMBER: ..... (to be filled out by ASFINAG!)	
<p><b>APPLICATION</b> <span style="float: right;"><u>Page 1</u></span></p> <p>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><b>1. TIME OF THE TRIP (in case of multiple trips on the A 13, pls. use page 2 of this form)</b></p> <p>Date of the (single) trip: ..... Time of the trip: from ..... till .....</p> <p>Distance covered (motorway junctions from - till): .....</p> <p><b>2. INFORMATION ABOUT THE VEHICLE</b></p> <p>Nationality / Vehicle registration number: ..... / .....</p> <p>Vehicle type / number of axles: ..... / .....</p> <p>GO-Box number (if known): .....</p> <p><b>3. INFORMATION ABOUT THE VEHICLE'S REGISTERED OWNER</b></p> <p>First and last name (company name): ..... / .....</p> <p>Address: .....</p> <p>Contact person: .....</p> <p>Phone / Fax / E-mail: ..... / ..... / .....</p> <p><b>4. BANK DETAILS OF THE REGISTERED OWNER OF THE VEHICLE</b></p> <p>Bank: .....</p> <p>Bank code number (BIC / SWIFT Code): .....</p> <p>Bank account number (IBAN): .....</p> <p>Please ask for these details (BIC/SWIFT and IBAN), if not already known, at your bank.</p> <p><b>5. ATTACHMENTS</b></p> <p>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"> <li>• Proof that the night-time rate has been charged (e.g. detailed statement of toll transactions or list of the latest toll transactions).</li> <li>• Copy of the vehicle's registration document (only for the first application request)</li> </ul> <p>The completed and duly signed form is to be sent by post or by fax to: ASFINAG Maut Service GmbH, Am Europlatz 1, A-1120 Wien Fax from Austria: 0800 400 11 444, Fax from other countries: 0043 1 955 12 77</p>	
<p>.....</p> <p>Location, date</p>	<p>.....</p> <p>(Signature of the registered owner of the vehicle)</p>

Nationality / Vehicle registration number: ..... / .....

**APPLICATION**

**Page 2**

according to section 4 Tolling Regulations Part B for the reimbursement  
of the accounted night-time rate on the A 13

**TIME OF FURTHER TRIPS**

Date of the (single) trip: ..... Time of the trip: from ..... till .....

Distance covered (motorway junctions from - till): .....

Date of the (single) trip: ..... Time of the trip: from ..... till .....

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Date of the (single) trip: ..... Time of the trip: from ..... till .....

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Distance covered (motorway junctions from - till): .....

Date of the (single) trip: ..... Time of the trip: from ..... till .....

Distance covered (motorway junctions from - till): .....

.....  
Location, date

.....  
(Signature of the registered owner of the vehicle)