

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

APPLICATION NUMBER: (to be filled out by ASFINAG!)	
<p>APPLICATION <u>Page 1</u></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>1. TIME OF THE TRIP (in case of multiple trips on the A 13, pls. use page 2 of this form)</p> <p>Date of the (single) trip: Time of the trip: from till</p> <p>Distance covered (motorway junctions from - till):</p> <p>2. INFORMATION ABOUT THE VEHICLE</p> <p>Nationality / Vehicle registration number: /</p> <p>Vehicle type / number of axles: /</p> <p>GO-Box number (if known):</p> <p>3. INFORMATION ABOUT THE VEHICLE'S REGISTERED OWNER</p> <p>First and last name (company name): /</p> <p>Address:</p> <p>Contact person:</p> <p>Phone / Fax / E-mail: / /</p> <p>4. BANK DETAILS OF THE REGISTERED OWNER OF THE VEHICLE</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>5. ATTACHMENTS</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"> • 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, A-1030 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

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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

Distance covered (motorway junctions from - till):

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

Distance covered (motorway junctions 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)