



Applicant is	
<input type="checkbox"/> natural person	<input type="checkbox"/> corporation

1 Applicant (beneficial owner)

1.1 Official name or family name and given names or name of corporation		1.2 Telephone number	
1.3 Postal address		1.4 Postal code	1.5 Post office
1.6 Country		1.7 e-mail	
1.8 Tax id. no. in country of residence (TIN)		1.9 Personal identity code, Business ID or registration code on the refund decision	

2 Information on the agent signing this application form. Enclose letter of authorisation.

2.1 Representative's name		2.2 e-mail	
2.3 Address		2.4 Building no	2.5 Entrance
			2.6 Apt. no
2.7 P.O. Box	2.8 Postal code	2.9 Post office	
2.10 State		2.11 Telephone number	
		<input type="checkbox"/> 2.12 Letter of authorisation is enclosed with this form.	

3 Bank account number for the refund

3.1 IBAN account number (or other int'l format)	3.2 BIC or SWIFT code	3.3 Name of the account holder
3.4 Name of bank		3.5 Address of bank

4 Decision being appealed

4.1 Date (dd.mm.yyyy)	4.2 Decision no
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5 Claims made

5.1 Reasons
<input type="checkbox"/> 5.2 This form has enclosures.

Date	Signature and name in printed letters	
Details of the right to sign for the applicant		Position or job title
<input type="checkbox"/> By letter of authorisation	<input type="checkbox"/> By proper right to sign for the applicant (see instruction)	