

APPLICATION FOR FEE REFUND

I, _____

(Print)

Full Name of Registered Owner or Name of Company

is requesting a refund from the Department of Vehicle and Drivers' Licensing for fees collected. **Attached is a copy of the original receipt.**

Receipt No. VL: _____

Date of Receipt: _____

Transaction Type: Motor Vehicle Licence -
 Driving Exam Written -
 Driving Exam Road -
 Other - _____

Licensing Officer's Stamp

Original Amount of transaction (CI\$): _____

Signature

I am requesting a refund of *(CI\$): _____ for the following reason(s):-

My mailing address is: _____, _____

P.O. Box No.

District

GRAND CAYMAN

KY1-

Cayman Islands

Postal Code

Phone number(s): _____, _____

Specials instructions: _____

Authorized Person: _____ Date: _____

For office use only

Authorized by: _____ Date: _____
Licensing Officer - Supervisor

Amount to be refunded: CI\$ _____
(Bk chgs \$5.00 if Foreign currency draft required)

Refund Approved/Not Approved by: _____ Date: _____
Accounts Officer

Verified by: _____ Date: _____
Management

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- **Motor Vehicle Licence Fee** - To obtain a refund of the vehicle licence fee due to suspension it must have been taken out for a period of **twelve** months and in the case of termination for a period of **six** months or more and the refund amount would be pro rata on a quarterly basis in respect to each clear quarter.
- **Driving Exam Written and Road Fee** - To obtain a refund you must have cancelled the appointment at least 24 hours before due date.