



**ACT Revenue Office**  
Department of Treasury

**Special Application for the refund of ACT duty paid on insurance policies provided by non-registered/unauthorised insurers**

**IMPORTANT NOTES**

- This form is only to be used for policies of general insurance effected with persons who were not registered or authorised general insurers under the *Duties Act 1999* and the ACT premium was paid during 1 March 1999 to 17 May 2006 (the relevant period).
- Before completing this application, you should contact your intermediary/broker to discuss whether any insurance duty you paid during the relevant period may be refundable.
- An application will not be considered unless all Parts are fully completed and the following required documentary evidence is attached to your application:
  - A copy of the each policy and invoice/receipt showing ACT duty paid or;
  - Statement from your insurance intermediary/broker confirming they acted for you, the insurance period and ACT duty paid in each relevant period.
- There are four Parts to the Application Form:
  - **Part A: Claimant's details** – to be completed by the applicant.
  - **Part B: Insurance policy details** – to be completed by the applicant. The required supporting documentation is to be attached to this application.
  - **Part C: Payment details** – to be completed by the applicant identifying bank account details for an approved refund payment.
  - **Part D: Declaration** – all applicants must read, understand and agree to the terms of the claim for a refund.
- The completed refund application is to be posted to:

ACT Revenue Office  
Attention: Mr J Tonna  
PO Box 293  
CIVIC SQUARE ACT 2608
- For further information about the refund process contact the ACT Revenue Office

Telephone (02) 6207 0104  
Facsimile (02) 6207 0108  
Email [joseph.tonna@act.gov.au](mailto:joseph.tonna@act.gov.au)  
Office hours 9:00am to 5pm Monday to Friday  
Website [www.revenue.act.gov.au](http://www.revenue.act.gov.au)

Part A: Claimant's details	
Name of claimant:	
Postal Address:	Postcode:
Email address:	Telephone (daytime):



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Part B: Insurance policy details (complete in full – add additional schedule if insufficient space)			
Name of intermediary (broker/agent/underwriter)			
Intermediary client ID with ACT Revenue Office (if known)			
Name of Insurer			
Policy or Invoice number			
Month/Year of Insurance period			
ACT Premium amount (excluding any admin fees applied)	\$	\$	\$
ACT Duty paid	\$	\$	\$
Month/Year of return to ACT Revenue Office or date ACT premium paid			

Part C: Payment details									
Account Name									
Name of Financial Institution									
BSB number (must have 6 digits)									
Account number (maximum 9 digits)									

Part D: Declaration	
<p>I declare that:</p> <p>I am legally entitled to the Insurance duty amount declared in this claim.            The information provided in this claim (including attachments) is to the best of my knowledge, true and correct.            I acknowledge that <b>giving false or misleading information is a serious offence</b> under the <i>Criminal Code 2002</i> and the ACT Revenue Office may prosecute any <b>applicant</b> found to have provided false or misleading information.            I also acknowledge that I have read and understood the Privacy Statement below.</p>	
Claimant name:	
Claimant signature	Date:

**PRIVACY STATEMENT** – The ACT Revenue Office (ACTRO) collects the information contained in this application form for the purposes of determining eligibility for a refund of insurance duty. ACTRO will use the information for that purpose. Additionally the information may be shared with other Territory agencies, and State Government bodies for the same purposes. The information is personal information and will otherwise be stored, used and disclosed in accordance with the requirements of the *Privacy Act 1988*.