

REFUND REQUEST FORM

Name of Applicant(s): _____

Address: _____

Telephone/contact no.: _____

Email address: _____

Reg. number(s): _____

Date: _____

The Licensing Manager
Transport Authority
119 Maxfield Avenue
Kingston 10

Dear Sir/Madam,

I/We wish to apply for refund of fees paid for the processing of a (*Hackney Carriage/Contract Carriage/Commercial Carriers/Rural Stage Carriage/Route Taxi*) road licence for reason(s) listed below:

I/We no longer have an interest

The licence type/route is no longer available

Financial constraints

Other (please specify): _____

Respectfully,

Signature of applicant(s)