

To the Tax Office Bruck Eisenstadt Oberwart Neusiedlerstraße 46 7001 Eisenstadt

CLAIM FOR REPAYM	ENT OF	
AUSTRIAN WITHHOLD	ING TAX	
under the tax treaties concluded by	Entry stamp	
according to sec. 21 para. 1 subpara	Entry stamp of the Austrian tax authority	
according to sec. 21 para. 1 subpara according to sec. 6 KStG 1988 (Exen		of distribution to the state of
pension funds)	through	File No.
		of the Austrian tax authority:
for the year:		
1. State		
Please indicate here your State of residence	2	
2. Information on the cla	imant	
Tax Identification Number of the claimant's residence state or, if not		
available, a similar identification number		
Full name, date of birth (in case of individuals)		
Firm, trade register number or similar of the claimant's residence state		
(in case of legal persons)		
Legal form (in case of legal persons: e.g. stock corporation, association)		
Address (post code, town, street, number) telephone or fax number, e-mail-address		
Representative (if any) (name, address)		
telephone or fax number, e-mail-address		
	mandate for cash receipts	mandate for postal deliveries
	power of attorney	
3. Computation of repay	ment amount	To be filled in by the claimant (all amounts in Euro)
DIVIDENDS (according to Sheet A)	Repayment under tax treaties	
	Repayment according to sec. 21 pa	ra 1 cubara 1a
	KStG 1988	ia. I Subpaia. 18
	Repayment according to sec. 6 KStG	1988
	and the segment of th	
ROYALTIES (according to Sheet B)		
OTHER INCOME (according to Sheet C)		
REPAYMENT AMOUNT		
4. Residence certificate	of the foreign tax admi	inistration
For the purpose of obtaining tay relief in	Austria the following is certified: Within	in the meaning of the Double Taxation Convention Austria ha of that State on the date(s) when the income was receive
(Section 3) and the information on the c	aimant (Section 2) is in accordance w	ith our knowledge.

Stamp

MOESMINISTERIUM

Date

Signature

5. Information concerning the transfer of the repayment amount

The claimant requests to transfer the repayment amount to the account

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IBAN (International Bank Account Number)	
account holder	
financial institution	BIC (Bank Identifier Code)
address (financial institution)	
 Declaration by the claimant I declare that to the best of my knowledge the above-mention 	oned statements are correct and complete. I recognize that the statements will be verified
and incomplete or incorrect statements are punishable. In incomplete, I will notify Tax Office without delay (§ 139 Bund	case I retrospectively recognize that the above-mentioned statements are incorrect of

Place and Date	Signature	

7. Leave blank for the Austrian tax authority

71 Ecare Blank for C	TO PLANTING THE PL	
repayment amount Euro		Euro
+ interest		Euro
total repayment amount		Euro
date	signature	authorization

