



Personal Details

Name of person or organisation claiming exemption		
Address		
Daytime Telephone	Mobile	
Make of Vehicle		
Model of Vehicle		
Description of Vehicle	Year of Manufacture	
Registration Number	State of Registration	
Engine Number		

Exemption details and Declaration

CSM Name

I / We hereby claim exemption on the above vehicle under the <i>Duties Act 1999</i> . (please place an [X] in the box next to the category under which the exemption is claimed)			
	Foreign Countries		
	Hospital, Schools and Charitable Organisations		
	Certain Disabled Persons		
	Successors of Deceased Persons		
	Vehicles Transferred Pursuant to Certain Personal Relationships		
	A Veteran, Vintage or Historic vehicle which will display VVH plates		
	Organisations Registered under the Workplace Relations Act 1996 (Cwlth)		
	Repossessed Motor Vehicles		
	International Organisations & Diplomatic Staff (under Cwlth legislation)		
I declare the	above details to be correct		
Full Name (pr	int)		
Cianatura	Data		
Signature	Date		
Staff to Comple	ete		
CSO Name	Signature		

Signature