

2 Vehicle Details

2(a) Vehicle Make and Model:

2(b) Registration Number:

2(c) Vehicle Identification Number (VIN) or Chassis Number:

2(d) Date of registration in your name:

2(e) Country of registration in your name:

2(f) Mileage/odometer reading:

2(g) Date brought into the State:

2(h) Place brought into the State:

2(i) Was it the subject of an exemption or refund of tax when acquired? Yes No

2(j) Did you have the vehicle in Ireland at any time prior to date of taking up normal residence in the State? Yes No

If so, provide details

Residential Details

3 Outside the State

3(a) Duration of normal residence

From

To

3(b) Address where you normally resided before moving to Ireland

3(c) Did you own, rent, etc. the property?

3(d) Occupation

3(e) Address of closest relative (i.e. spouse, partner, etc.)

4 In Ireland

4(a) Date of taking up normal residence

4(b) Current Address

4(c) Do you own, rent, etc. the property?

4(d) Occupation

4(e) Address of closest relative (i.e. spouse, partner, etc.)

Appendix 1 of this form duly completed is attached in support of my application

Yes No

Declaration and Undertaking

Being aware of the consequences of an untrue declaration, as provided by Section 139(5) of the Finance Act 1992 (as amended), I hereby declare the following:

- I have transferred / I will transfer my normal residence to the State
on:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|
- The vehicle, details of which are shown on this application:
 - ◆ is my personal property at the time of my transfer of residence to the State;
 - ◆ is being brought permanently into the State by me;
 - ◆ was in my possession and was used by me for a period of **at least six months** outside the State before the date on which I ceased to have my normal residence outside the State;
 - ◆ was acquired by me under the general conditions of taxation in force in the domestic market of a country and was not the subject, on the grounds of exportation or departure from that country, of any exemption from or refund of any tax. (Please delete this paragraph if the vehicle was acquired duty-free through diplomatic/consular arrangements or because of membership of an international organisation.) For additional information see Revenue information leaflet “Transfer of Residence (Duty-Free Vehicles)”.
- The information given in this form relates to this application and is true and correct.
- I understand that the onus to supply the proof as set down in law rests with me. I also understand that my failure to supply the required proof or otherwise fail to comply with the conditions for the granting of the exemption, may result in the refusal of this application.
- I undertake that the vehicle will not be sold or otherwise disposed of, hired out, lent or given as security in the State without the prior written permission of the Revenue Commissioners during the period of twelve months following its registration unless payment of the appropriate Vehicle Registration Tax has been made.
- I hereby claim relief from the payment of VRT (and VAT and CCT as appropriate) in respect of the vehicle detailed on this form.

Signature of applicant

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

The Revenue Commissioners collect taxes and duties and implement customs controls. Revenue requires customers to provide certain personal data for these purposes and certain other statutory functions as assigned by the Oireachtas. Your personal data may be exchanged with other Government Departments and agencies in certain circumstances where this is provided for by law. Full details of Revenue’s data protection policy setting out how we will use your personal data as well as information regarding your rights as a data subject are available on our **Privacy** page on www.revenue.ie. Details of this policy are also available in hard copy upon request.

Appendix 1

Notes:

- All documentation listed in the following section is not required. Please tick the appropriate boxes for documents you actually possess and can provide copies of.
- An * indicates mandatory Documentary Evidence.

Evidence of Normal Residence

| Documentary Evidence Required | Please tick (✓) as appropriate | |
|---|--------------------------------|--------------------------|
| Acquisition/Use/Disposal of property | Outside the State | In the State |
| Mortgage/Leasing Agreements | <input type="checkbox"/> | <input type="checkbox"/> |
| Legal correspondence, etc. | <input type="checkbox"/> | <input type="checkbox"/> |
| Original signed Tenancy Agreement | <input type="checkbox"/> | <input type="checkbox"/> |
| Sale of Property or Cessation of Lease | <input type="checkbox"/> | |
| Notice to Quit/Tenant check-out list | <input type="checkbox"/> | |
| Final Utility Bills | <input type="checkbox"/> | |
| Postal Re-direction | <input type="checkbox"/> | |
| Other (please provide full details below) | <input type="checkbox"/> | <input type="checkbox"/> |
| | | |
| If you have unsold property abroad, how is it being used? | | |
| | | |
| Employment details | Outside the State | In the State |
| Contract of employment | <input type="checkbox"/> | <input type="checkbox"/> |
| Commencement Date | <input type="checkbox"/> | <input type="checkbox"/> |
| Payslips | <input type="checkbox"/> | <input type="checkbox"/> |
| Taxation certificates | <input type="checkbox"/> | <input type="checkbox"/> |
| Cessation of employment certificate e.g. P45 | <input type="checkbox"/> | |
| Other (please provide full details below) | <input type="checkbox"/> | <input type="checkbox"/> |
| | | |

An * indicates mandatory Documentary Evidence.

Evidence of Normal Residence Cont'd

| Documentary Evidence Required | Please tick (✓) as appropriate | |
|--|--|--|
| In the case of self-employment | Outside the State | In the State |
| Registration for Taxation Tax Returns Accounts, Bills Invoices Other (please provide full details below) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | |
| Not working, retired, etc. | Outside the State | In the State |
| Evidence of State Welfare or Benefit payments Other State benefits, e.g. child allowance, etc. Other (please provide full details below) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | |

Evidence of Day-to-Day Living

In order to establish normal residence, you should provide as much evidence of day-to-day living as possible across a range of dates **spanning 6 full months immediately prior to change of residence.**)

| Documentary Evidence Required | Please tick (✓) as appropriate | |
|---|--|--|
| Day-to-day living | Outside the State | In the State |
| Bank/credit card statements * Utility bills Medical bills School Registration School fees, etc. Club Membership Other (please provide full details below) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | |

An * indicates mandatory Documentary Evidence.

Evidence of Day-to-Day Living cont'd

| Documentary Evidence Required | Please tick (✓) as appropriate | |
|---|----------------------------------|--------------------------|
| Other documentation | Outside the State | In the State |
| Shipping/flight details | <input type="checkbox"/> | <input type="checkbox"/> |
| Furniture removals | <input type="checkbox"/> | <input type="checkbox"/> |
| Storage, etc. | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please provide full details below) | <input type="checkbox"/> | <input type="checkbox"/> |
| | | |

— Evidence of Possession and Use of Vehicle outside the State —

| Documentary Evidence Required | Please tick (✓) items submitted/comments |
|--|--|
| Vehicle Registration Certificate / Certificate of Permanent Export * | <input type="checkbox"/> |
| Certificates of Insurance for the vehicle showing applicant's name and covering at least a 6 month period prior to transfer of residence * | <input type="checkbox"/> |
| Sales invoice/receipt of purchase | <input type="checkbox"/> |
| Sailing ticket/ferry booking referring to subject vehicle | <input type="checkbox"/> |
| Other documentation | |
| Receipt for registration fees | <input type="checkbox"/> |
| Receipt for annual circulation tax | <input type="checkbox"/> |
| Vehicle service records | <input type="checkbox"/> |
| Fuel receipts | <input type="checkbox"/> |
| Parking receipts | <input type="checkbox"/> |
| Other (please provide full details) | <input type="checkbox"/> |
| | |

An * indicates mandatory Documentary Evidence.

Reason for transfer of residence into the State

Any other information you wish to provide in support of your application