



e-form

Fringe Benefits - Application for a Reduced Rate for Point to Point Service or Delivery



Employer Name

PE No.

Telephone No.

Address

Office Name / No.

Street

Locality

Email

Car 1 Model

Year of Registration

Car Value (€)

Name of Beneficiary

ID Card No. / IT No.

Grade / Designation

Address of Beneficiary

Nature of Service

Car 2 Model

Year of Registration

Car Value (€)

Name of Beneficiary

ID Card No. / IT No.

Grade / Designation

Address of Beneficiary

Nature of Service

Car 3 Model

Year of Registration

Car Value (€)

Name of Beneficiary

ID Card No. / IT No.

Grade / Designation

Address of Beneficiary

Nature of Service

Car 4 Model

Year of Registration

Car Value (€)

Name of Beneficiary

ID Card No. / IT No.

Grade / Designation

Address of Beneficiary

Nature of Service

Commissioner for Revenue

Approval is requested to reduce the Fringe Benefit Personal Use Value to 0% in respect of the employees whose details are shown on this form. It is certified that the above information is correct and complete.

Name

Designation

Date

For Official Use Only

Approval is granted to reduce the rate to 0% to beneficiaries of:

Approval No.

Car 1

Car 2

Car 3

Car 4

Name

Designation

Date