



CLAIMANT DETAILS FORM

Taxi Licensing Refund Application
(Hackney Carriage / Private Hire Vehicles / Operators Licences)

You must sign this declaration (even if someone else filled in the form for you)

Please read this declaration carefully before you sign and date it.

I understand all the following:

Conditions:

1. I must have been the licence holder with Hyndburn Borough Council (the "Council") for the whole period claimed.
2. I must have paid the licence fee for the period claimed.
3. I need to complete, sign and return the application form with all the supporting information.
4. The Council reserves the right to refuse any claim that does not meet all the above conditions.
5. I understand that any payment that is made to me is in full and final settlement of any claim I may have against Hyndburn Borough Council in respect of the repayment of non-advertised taxi licensing fees for the period from 1st April 2004 until 5th August 2013.

Declaration:

I hereby declare that:

1. I purchased and paid the licensing fee for the period claimed and that I am fully entitled to claim a refund for this period (the "Claim").
2. The information provided in support of the Claim is true, accurate and complete.
3. I have not made any other claim for a refund in relation to the licence fee and/or received any payment in respect thereof nor requested any other party to make a claim on my behalf.
4. I have read and agree the above conditions for making a claim and will supply the Council any other information reasonably required to support my claim.

I understand that, if I knowingly make a false statement or fraudulent claim I will be liable to prosecution.

Signed: Date:
(Signatures will be used to verify identification of claimant)

Note: This form must be accompanied by individual claim forms in respect of each hackney carriage, private hire or operators licence you are claiming against.

Claimant details

Name of Claimant:			
Current address:			
Previous addresses – to include all addresses in the 6 years leading up to this claim (ie, from 4 th August 2007):	Address	Dates	
		From	To
Telephone number:			
E-mail address:			
Name of payee for cheque			

Did someone else fill in this form for you? Yes: No:

If someone else has filled in this form for you, they must complete the following section. This includes an agent, an appointee, a relative or friend.

Name of person who filled in the form:	
Their relationship to you:	
Their address and phone number:	
Their signature:	Date:
<i>Please tell us why you are filling in this form for someone else</i>	

What happens next:

- We will verify and confirm all details provided.
- We will contact you if any information is missing or cannot be confirmed.
- Should any discrepancies occur between your claim and official records evidence will be requested of payments made.
- We aim to process claims within 28 days of receipt of accurate and complete claim details.
- Refunds will be made by cheque and sent by post to the claimant address.

Notes:

The Data Protection Act says we have to protect your personal information. We will only use it to process your claim, and only share it with other organisations if required by law.