

**APPLICATION FOR EXCISE DUTY CONCESSION FOR DISABLED PERSON – (SELF)**  
**(Item 25)**

**PART A - GENERAL**

1. Name of Applicant: .....
2. Address: .....
3. Phone No: ..... 4. NIC No. 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
5. Serial Number of Driving License: .....
6. Occupation:.....7. Name of Employer:.....
8. Address of Place of Work:.....
9. Is this your first application: YES / NO\*\*. If No, please give details of the motor car and the date you last benefited from duty concession: .....
10. Make and Model of vehicle to be purchased: (Quotation to be attached)\*  
.....
11. List the special equipment to be fitted to the vehicle to accommodate your disability:  
.....
12. Address of the garage where the equipment will be fitted on the vehicle (if applicable):  
.....

**PART B - DECLARATION**

I certify that the information given above is true and correct. I also undertake to produce to MRA Customs copies of the documents listed in Part C of this application form.

.....  
Signature

.....  
Date

**PART C: CHECKLIST - DOCUMENTS TO BE SUBMITTED WITH APPLICATION  
(ORIGINALS TO BE PRODUCED + 2 PHOTOCOPIES TO BE SUBMITTED)**

- (a) Copy of the applicant's National Identity Card.
- (b) Copy of applicant's valid Driving License for private motorcar (adapted car).
- (c) A certificate from a medical practitioner specifying the applicant's disability.

- (d) A quotation, brochure or literature from the local agent providing the specifications of the vehicle, which the applicant intends to purchase.
- (e) A letter from the garage where the equipment shall be fitted (if applicable).
- (f) Any other documents that may support the application, including a proof of the address of the applicant's place of work, pay slip / pay receipt etc.

*\* **Please Note:** An applicant who applies for excise duty concession for himself, under item 25 of Part 1A of the First Schedule to the Excise Act is entitled to 100% excise duty concession on a car not exceeding 1600 cc. A beneficiary may opt to buy a car of higher engine capacity, of not more than 2250 cc provided that the difference in excise duties and taxes is paid*

**FOR OFFICIAL USE ONLY**

**PART D: APPROVAL/REJECTION\*\***

**1. Name of applicant:**

.....

**2. Brief of the status of the application:**

.....

.....

**3. A certificate from the medical board of the Ministry responsible for the subject of social security for the disability submitted - YES / NO\*\***

.....	.....	.....	.....
<b>Name of Officer</b>	<b>Signature</b>	<b>Emp No</b>	<b>Date</b>

**4. Application approved: YES / NO\*\***

**Reasons for Rejection:** .....

.....

.....	.....	.....	.....
<b>Signature</b>	<b>Name and Status of Officer</b>	<b>Date</b>	

\*\* Tick as appropriate