

Application for exchange of Victorian duty stamps

APPLICANT DETAILS

I First name Initial Surname
 Company name (if applicable) ACN (if applicable)
 ABN (if applicable)
 Postal address
 of
 State Postcode

hereby apply for an exchange of unused/spoiled duty stamps listed below. The reason for the exchange is:

Date

The spoiled stamp(s) was/were inadvertently and undesignedly rendered unfit for use on

D D M M Y Y Y Y

Stamp(s) submitted			
Quantity	Denomination	\$	¢
Total			

Stamp(s) required			
Quantity	Denomination	\$	¢
Total			

CERTIFICATION

I certify that all the information disclosed in this document is true and correct.

Signature Position Date

Name

Company name

ACN (if applicable) Telephone number Facsimile number
 ()
 ABN (if applicable)

Required duty stamp(s) received

Exchange approved

 Yes No

Signature of CSR

Date

D D
M M
Y Y Y Y

Name of CSR

By correspondence

Document Assessing, State Revenue Office, GPO Box 4376, MELBOURNE VIC 3001
or DX 220090 Melbourne

In person

State Revenue Office, Level 2, 121 Exhibition Street, Melbourne

Internet

www.sro.vic.gov.au

Email

sro@sro.vic.gov.au

Telephone

13 2161

Facsimile

03 9628 0899

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