



REFUND REQUEST FORM

Model Year 2008 ZAP Xebra

-- **This Form Must Be Sent by Certified Mail or Other Verifiable Means to:**

ZAP, 501 Fourth Street, Santa Rosa, CA 95401

-- **This Form must be postmarked or received by ZAP no later than 120 days after you received it.**

<p>Xebra VIN Number:</p> <p>Full Name of Owner: (As Shown on Title)</p>													
<p>ZAP will contact you to make arrangements for the transfer of the vehicle and title and for payment of the refund if your vehicle is eligible.</p> <p>Owner Correspondence Address:</p> <p>Owner Phone Number:</p> <p>Owner Email (if available):</p> <p>Location of Vehicle (if different than Owner Correspondence Address):</p> <p>Vehicle Pick Up Address (if different than above):</p>													
<p>ZAP will not deny your claim because the vehicle is without all of its major components without written approval by the National Highway Traffic Safety Administration (NHTSA).</p> <p>Please indicate whether each of the following major components is intact:</p>	<table> <tr> <td>Powertrain</td> <td>_____ YES</td> <td>_____ NO</td> </tr> <tr> <td>Motor</td> <td>_____ YES</td> <td>_____ NO</td> </tr> <tr> <td>Controller</td> <td>_____ YES</td> <td>_____ NO</td> </tr> <tr> <td>Charger</td> <td>_____ YES</td> <td>_____ NO</td> </tr> </table>	Powertrain	_____ YES	_____ NO	Motor	_____ YES	_____ NO	Controller	_____ YES	_____ NO	Charger	_____ YES	_____ NO
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