Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1. (See end of Document for details)

# SCHEDULE 1

Regulation 5(1)

# **Commencement Information**

I1 Sch. 1 in force at 20.10.1995, see reg. 1

Document Generated: 2024-06-28

Status: Point in time view as at 02/09/1996. Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1 . (See end of Document for details)

# Application For VAT Registration

You should read the notes in the registration leaflet 'Should I be Registered for VAT?' which will help you to answer these questions. Failure to answer questions correctly may result in a delay in your registration number being advised to you.

Please write clearly in black ink.

VAT 1

Do not detach

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1. (See end of Document for details)

1. Enter your FULL NAME. Write in BLOCK LETTERS and feave a space between words
2. Enter your TRADING NAME if it is different from the name entered at 1
<u> </u>
<del>                                      </del>
3. Enter the address of your PRINCIPAL PLACE OF BUSINESS
Phone No.
4. Describe your main BUSINESS ACTIVITY IN FULL please (see note 4)
5. Who is the BUSINESS OWNED by ? (see note 5 and tick ONE BOX only)
Sola Proprietor
Sola Proprietor  or Partnership  If partnership please ensure you ALSO complete form VAT 2
Sola Proprietor  or Partnership  If partnership please ensure you ALSO complete form VAT 2  or Limited Company  Please enter details from Company Incorporation Certificate below.
Sola Proprietor  or Partnership  If partnership please ensure you ALSO complete form VAT 2
Sola Proprietor  or Partnership  If partnership please ensure you ALSO complete form VAT 2  or Limited Company  Please enter details from Company Incorporation Certificate below.
Sola Proprietor  or Partnership  If partnership please ensure you ALSO complete form VAT 2  or Limited Company  Please enter details from Company Incorporation Certificate below.  Certificate Number  Date of certificate
Sola Proprietor  or Partnership  If partnership please ensure you ALSO complete form VAT 2  or Limited Company  Please enter details from Company Incorporation Certificate below.  Certificate Number  Date of certificate  Please give details
Sola Proprietor  or Partnership  If partnership please ensure you ALSO complete form VAT 2  or Limited Company  Please enter details from Company Incorporation Certificate below.  Certificate Number  Date of certificate  or Other  Please give details  6. Was your BUSINESS TRANSFERRED to you or your company as a GOING CONCERN?
Sola Proprietor  or Partnership  If partnership please ensure you ALSO complete form VAT 2  or Limited Company  Please enter details from Company Incorporation Certificate below.  Certificate Number  Date of certificate  or Other  Please give details  6. Was your BUSINESS TRANSFERRED to you or your company as a GOING CONCERN?  YES  NO  If YES, enter the date of transfer  and also
Sola Proprietor  or Partnership  If partnership please ensure you ALSO complete form VAT 2  or Limited Company  Please enter details from Company Incorporation Certificate below.  Certificate Number  Date of certificate  or Other  Please give details  6. Was your BUSINESS TRANSFERRED to you or your company as a GOING CONCERN?  YES  NO  If YES, enter the date of transfer  and also
Sola Proprietor  or Partnership  If partnership please ensure you ALSO complete form VAT 2  or Limited Company  Please enter details from Company Incorporation Certificate below.  Certificate Number  Date of certificate  or Other  Please give details  6. Was your BUSINESS TRANSFERRED to you or your company as a GOING CONCERN?  YES  NO  If YES, enter the date of transfer  enter the PREVIOUS OWNER'S name
Sole Proprietor  or Partnership
Sola Proprietor  or Partnership
Sola Proprietor  or Partnership  If partnership please ensure you ALSO complete form VAT 2  or Limited Company  Please enter details from Company Incorporation Certificate below.  Certificate Number  Date of certificate  or Other  Please give details  6. Was your BUSINESS TRANSFERRED to you or your company as a GOING CONCERN?  YES  NO  If YES, enter the date of transfer  and also  Enter the PREVIOUS OWNER'S name  and VAT REGISTRATION NUMBER  Do you want to RETAIN the VAT NUMBER of the previous owner?  YES  NO  (see note of the previous owner)  If you tick YES then both you and the previous owner MUST also complete form VAT 68

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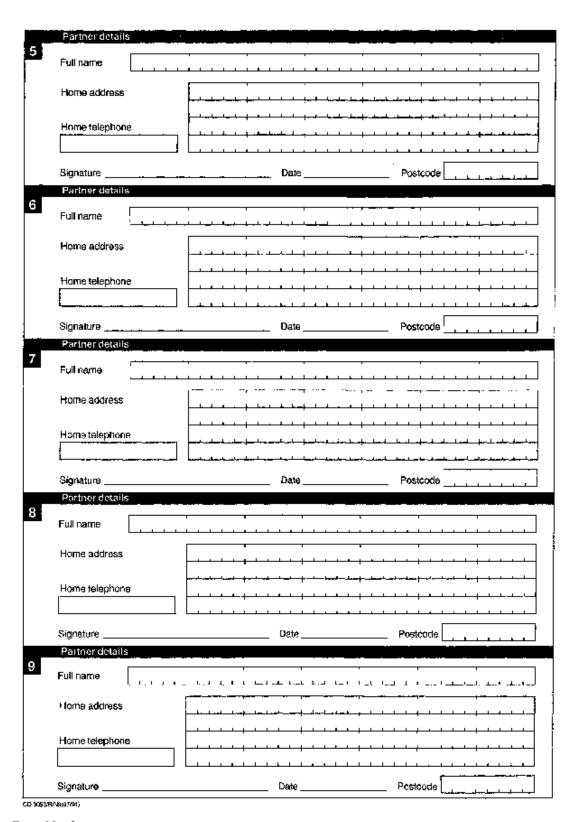
Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1. (See end of Document for details)

9. Please read NOTE 9 in the leaflet before you answer this question
Have you made any TAXABLE SUPPLIES yet?
YES MADE my first supply on Go to 10
NO But I INTEND TO start on
You must enclose EVIDENCE to support your application. Go to 11
<ol> <li>Has the VALUE of your business's TAXABLE SUPPLIES in the last 12 months OR LESS exceeded the registration limit? (see note 10)</li> </ol>
YES Go to 12 NO _ Go to 11
11. Will tire TOTAL value of TAXABLE SUPPLIES which you will make In the NEXT 30 DAYS exceed the registration
YES Go to 12 NO Go to 13
12. If the answer to EITHER QUESTION 10 or 11 is YES from what date MUST you be REGISTERED for VAT?
(Sea note 12 - this is VERY IMPORTANT)
I am REQUIRED to be registered from
But I would LIKE TO BE registered from this earlier date Go to 14
19. I am NOT REQUIRED to be registered but I WISH TO BE registered from Go to 14
14. Please enter the ESTIMATED VALUE of TAXABLE SUPPLIES you expect to make in the next 12 months
15. What VALUE of GOODS are you likely to SELL 2 BUY 2
self to ar buy from other EC Countries in the next 12 months?
self to dr buy from other EC Countries in the next 12 months?  (Leave blank if NIL)  16. Do you wish to request EXEMPTION from registration because all your supplies are ZERO RATED?
self to dr buy from other EC Countries in the next 12 months?  (Leave blank if NIL)  16. Do you wish to request EXEMPTION from registration because all your supplies are ZERO RATED?
self to or buy from other EC Countries in the next 12 months?  (Leave blank if NiL)  16. Do you wish to request EXEMPTION from registration because all your supplies are ZERO RATED?  YES and my ZERO RATED supplies amount to 2 in the next 12 months
self to or buy from other EC Countries in the next 12 months?  (Leave blank if NIL)  18. Do you wish to request EXEMPTION from registration because all your supplies are ZERO RATED?  YES and my ZERO RATED supplies amount to 2 in the next 12 months  NO
self to or buy from other EC Countries in the next 12 months? (Leave blank if NIL)  18. Do you wish to request EXEMPTION from registration because all your supplies are ZERO RATED?  YES and my ZERO RATED supplies amount to 2 in the next 12 months  NO  17. Do you expect to be ENTITLED to REGULAR REPAYMENTS of VAT? (Tick one box) YES NO
self to or buy from other EC Countries in the next 12 months?  (Leave blank if NIL)  16. Do you wish to request EXEMPTION from registration because all your supplies are ZERO RATED?  YES and my ZERO RATED supplies amount to 2 in the next 12 months  NO  17. Do you expect to be ENTITLED to REGULAR REPAYMENTS of VAT? (Tick one box) YES NO  18. Are there any other VAT REGISTRATIONS in which you are involved (see note 18 if in doubt)?  YES If YES please enter the registration (Please continue on
self to or buy from other EC Countries in the next 12 months?  (Leave blank if NIL)  16. Do you wish to request EXEMPTION from registration because all your supplies are ZERO RATED?  YES and my ZERO RATED supplies amount to 2 in the next 12 months  NO  17. Do you expect to be ENTITLED to REGULAR REPAYMENTS of VAT? (Tick one box) YES NO  18. Are there any other VAT REGISTRATIONS in which you are involved (see note 18 if in doubt)?  YES if YES please enter the registration (Please continue on a separata sheet if necessary)
self to or buy from other EC Countries in the next 12 months?  (Leave blank if NIL)  16. Do you wish to request EXEMPTION from registration because all your supplies are ZERO RATED?  YES and my ZERO RATED supplies amount to 2 in the next 12 months  NO  17. Do you expect to be ENTITLED to REGULAR REPAYMENTS of VAT? (Tick one box) YES NO  18. Are there any other VAT REGISTRATIONS in which you are involved (see note 18 if in doubt)?  YES if YES please enter the registration (Please continue on a separata sheet if necessary)
self to dr buy from other EC Countries in the next 12 months?  (Leave blank if NIL)  18. Do you wish to request EXEMPTION from registration because all your supplies are ZERO RATED?  YES and my ZERO RATED supplies amount to 2 in the next 12 months  NO  17. Do you expect to be ENTITLED to REGULAR REPAYMENTS of VAT? (Tick one box) YES NO  18. Are there any other VAT REGISTRATIONS in which you are involved (see note 18 if in doubt)?  YES If YES please enter the registration numbers in the boxes provided.  NO (Please continue on a separate sheet if necessary)
self to be buy from other EC Countries in the next 12 months?  (Leave blank if NIL)  16. Do you wish to request EXEMPTION from registration because all your supplies are ZERO RATED?  YES and my ZERO RATED supplies amount to 2 in the next 12 months  NO  17. Do you expect to be ENTIFLED to REGULAR REPAYMENTS of VAT? (Tick one box) YES NO  18. Are there any other VAT REGISTRATIONS in which you are involved (see note 18 if in doubt)?  YES if YES please enter the registration (Please continue on a separata sheet if necessary)  NO 19. YOU MUST COMPLETE THE FOLLOWING DECLARATION IN FULL (see note 19)  19. YOU MUST COMPLETE THE FOLLOWING DECLARATION IN FULL (see note 19)  Leave blank if NIL)  (enter your full name in BLOCK LETTERS)  DECLARE that the Information entered on this form and contained in any accompanying documents is true and
self to ar buy from other EC Countries in the next 12 months? (Leave blank if NIL)  18. Do you wish to request EXEMPTION from registration because all your supplies are ZERO RATED?  YES and my ZERO RATED supplies amount to 2 in the next 12 months  NO

## Regulation 5(1)

A	ATERIAL DEL	ills	HM Gustoms and List as	For official use only Date of receipt
N. W.	ATTE TAT ATTENTALIA DEL	Each partner should complete one of the sections Ptease start at the beginning of each line and lea space between words. Ptease use BLOCK CAPITALS and write clearly	ve a	Registration No. (where known)
	Partner details			·
1	Full name		· -1-11. J	1, 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	Home address			
	Home telephone		<del></del>	· · · · · · · · · · · · · · · · · · ·
	Signature	Date		Postcode
	Partner details			
2	Full name			
	Home address			· · · · · · · · · · · · · · · · · · ·
	Home telephone		1   1   1   1   1   1   1   1   1   1	1
	Signature	Date		Postcode
	Partner details		- "	
3	Full name			
	Home address			<u></u>
	Home telephone			
	Signature	Date		Postcode
	Partner details			
4	Fult name [		· <del>-</del> ,	
	Hçme address			
	Hame telephone			
	Signature	Date	.10- 40-1	Postcode

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1. (See end of Document for details)



Form No. 3

**Changes to legislation:** There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1. (See end of Document for details)

Regulation 6(1)

# Both Parts of this application form must be filled in

# Part 1 To be completed by the new owner

date	19
from	(name of previous owner)
	ve already returned Form VAT 1, and apply wher's VAT registration number
If the application .	Is granted "I/we agree:
	ur first VAT return to Customs and Excise the for the whole period covered by the
<ul> <li>to send in any previous owner</li> </ul>	tenants due from but not made by the
on supplies made	is and Excise, when asked, any VAT due by the provious owner before the business including any VAT no stocks and assers his owner.
	made in the previous owner's name for a ansfer date will be regarded as made by
previous owner be	ent made by Custons and Excise to the efore the reallocation of the registration fy any right *I/we have to that money.
Signature(s)	
Proprietor partners	director, company secretary)
a toba k cost Am gressi	

# Part 2 To be completed by the previous owner

*I/we transferred a business as a goin date  to (t)  From that date *I am/we are no longe be registered or *I/we withdraw *my/ voluntary registration. *I/we agree to number shown opposite being allocate if the application is granued *I/we dec • the new owner will be entitled to re wideh *I/we could have reclaimed if the had not been transferred • any payment made by Customs and owner will satisfy any right *I/we have *I/we have retained stocks and asset including V///  I/we can be contacted at the following of transfer:  Signature(s)  (Proprietor, partners, director, company so date  *delete is necessary.	19
to	
	(name of new owner)
ne registered or *I/we withdra voluntary registration. *I/we a	w *my/our request for gree to the VAT registration
If the application is grame,t *1	/we declare that:
which *I/we could have rectai	
*I/we have retained stocks a	and assets valued at
. inclu	ding VA1:
	llowing address after the date
Signature(s)	
(Proprietor, partners, director, co	mpany secretary, executory

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Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1. (See end of Document for details)

				Regulation 25
	Value Added Tax Return For the period to	For Official Use		
HM Customs and Excise		Regi	stralion number	Period
Γ		if you	could be liable to a fin ur completed return ar ble are not received b	nd all the VAT
		Due	date:	
L		off U D	for Ilcial use O R nly	
ofore you fill in the	s form please read the notes on the back and th	le VAT leaflet "Filling i	In your VAT return". F	llin all boxes clearly
ink, and write 'none	' where necessary. Don't put a dash or leeve any l an one amount in any box.			
For official use	VAT due in this period on sales and off	her oulputs	1	
	VAT due in this period on acquisitions EC Member States	from other	2	
	Total VAT due (the sum of boxes 1 ac	nd 2)	3	
	VAT recialmed in this period on purcha (including acquisitions from the EC)	ases and other inputs	4	-
	Net VAT In be date to Customs or replair (Difference between boxes 3 and 4)	ned by you	5	:
	Total value of sales and all other output any VAT. Include your box 8 figure	ta excluding	6	00
	Total value of purchases and all other any VAT. Include your box 9 figure	inputa excluding	7	00
	Total value of all supplies of goods and excluding any VAT, to other EC Memb		8	00
	Total value of all acquisitions of grods excluding any VAT, from other EC Men	and related services,	9	OD
	Retail schemes. If you have used any period covered by this return, enter the		box.	
rou are enclosing payment please tick this box.	DECLARATION: You, or someone on your l I,(Full name of signatory in BLOCK	(LETTERS)		he
	information given above is true and complete Signature	Date		
	A false declaration ca	n result in prosecution	on.	
NT 100 (5.16	PCU(April 1986)			

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1. (See end of Document for details)

				R	egulations 23, 25
欁	Final Value Added Tax Return For the period to	For Official	Use		
M Customs ond Excise			Registration	number	Period 9999
			if your comp	e liable to a fina deted return and not received by	d all the VAT
			Due date:	:	
L			For official use D O R only		
ink, and write 3	this form please read the notes on the back and the none' where necessary. Don't put a dash or leave any bo				
o not enter mor	e than one amount in any box.  Use VAT due in this period on sales and othe	u outouto	1	£	P
	VAT due in this period on acquisitions to		2		:
	Total VAT due (the sum of boxes 1 and	I 2)	3		<u></u>
	VAT reclaimed in this period on purches (including acquisitions from the EC)		nputa 4		
	Net VAT to be uple to Custome or renlaim (Difference between boxes 3 and 4)		5	. <u>:-</u>	<u></u>
	Total value of sales and all other outputs any VAT. Include your box 8 figure	excluding	6		00
	Total value of purchases and all other in any VA7. Include your box 9 figure	puts excluding	7		00
	Total value of all supplies of goods and reexcluding any VAT, to other EC Nember		s. 8	<u> </u>	90
	Total value of all acquisitions of goods a excluding any VAT, from other EC Memb	and related sen	vices, 9		00
	Retail schemes. If you have used any of period covered by this return, enter the re				
you are enclos	DECLARATION: You, or someone on your being	_		ala atau atau ata	
payment plea tick this box.	(Full name of aignatory in BLOOK L			aeciare that th	10
	information given above is true and complete.			10	
	Signature			19	
	PGU(April 1996)		7 -		<del></del> -
AT 193		<u> </u>			; ;

Status: Point in time view as at 02/09/1996.

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1. (See end of Document for details)

Regulation 5(1)

# Application For VAT Registration

You should read the notes in the registration booklet "Should I be Registered for VAT?- Distance Selling" which will help you to answer these questions.

Please write clearly in black lnk.

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Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1. (See end of Document for details)

<ol> <li>Enter the INAME of the PERSON MAKING DISTANCE SALES to the UK. Write in BLOCK LETTERS and leave a space between words</li> </ol>
D. Estable Market My Tay DEDESENTATIVE (non reto 2)
2. Enter the NAME of the UK TAX REPRESENTATIVE (see note 2)
<ol><li>Please give the ADDRESS of the TAX REPRESENTATIVE or the ADDRESS of the PERSON NAMED at box 1 if a tax representative has not been appointed</li></ol>
Phone No.
4. Describe your main BUSINESS ACTIVITY IN FULL please (See note 4)
5. Who is the BUSINESS OWNED by ? (See Note 5 and tick ONE BOX only)  Sole Proprietor
or Partnership Please ensure you ALSO complete form VAT 2.  or Limited Company
of Limiter Company
or Other Please give details
6. Enter your UK BANK DETAILS or YOUR TAX REPRESENTATIVE'S BANK DETAILS: (See Note 6)
Bank Sort Code Account Number Giro Bank Account Number
7. Do you use a COMPUTER FOR ACCOUNTING? (See Note 7 and tick one box only) YES NO
7. Do you use a COMPUTER FOR ACCOUNTING? (See Note 7 and tick one box only) YES NO  8. Has the value of your DISTANCE SALES to customers in the UK exceeded the UK distance seiling threshold at any
7. Do you use a COMPUTER FOR ACCOUNTING? (See Note 7 and tick one box only)  8. Has the value of your DISTANCE SALES to customers in the UK exceeded the UK distance seiling threshold at any time in the calendar year commencing 1st January 1993 or any subsequent calendar year?

Status: Point in time view as at 02/09/1996.

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<ol> <li>Have you exercised the OPTION TO MAKE THE PLACE OF SUPPLY THE UK, although you have NQT exceeded the UK threshold? (see note 9)</li> </ol>
Tick one box
NO Go to 10 EC Country
YES and the option was exercised in on
Please enter the date of your first taxable supply in the UK
10. Do you intend to make distance sales of GOODS LIABLE TO EXCISE DUTY to the UK?
NO Go to 12
YES Please enter the estimated date of your first taxable supply in the UK.
11. (See note 11 - this is VERY IMPORTANT)
I am REQUIRED TO BE REGISTERED from
But I would LIKE TO BE REGISTERED from this earlier date
12. Do you intend to exercise the OPTION TO MAKE THE PLACE OF SUPPLY of your distance sales the UK?
NO TOTAL
YES Please enter the estimated date of your first taxable supply in the UK
The date from which I wish to be registered is
13. Please enter the ESTIMATED VALUE OF DISTANCE SALES you expect to make to the UK in the next 12 months
£
14. Declaration
Full name in BLOCK LETTERS)
declare that all the entered details and information in any accompanying documents are correct and complete
Signature
Tick an <del>o</del> box
Prophetor Partner Director
Company Secretary Authorised Official Trustee (including tax representative)

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Regulation 5(1)

# **Application For VAT Registration**

You should read the notes in the registration booklet "Should I be Registered for VAT?: Acquisitions" which will help you to answer these questions.

Please write clearly in black ink.

coladaya (1921 Do not detach

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Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1. (See end of Document for details)

Enter your TRADING NAME if it is different from the name entered at 1
3. Enter the address of your PRINCIPAL PLACE OF BUSINESS
Phone No.
Describe your main_BUSINESS ACTIVITY IN FULL please (See note 4)
5. Who is the BUSINESS OWNED by ? (See Note 5 and tick ONE BOX only)  Sale Proprietor
or Partnership Please ensure you ALSO complete form VAT 2.
or Partnership Please ensure you ALSO complete form VAT 2.  or Limited Company Please enter details from Company Incorporation Certificate below.
or Limited Company Please enter details from Company Incorporation Certificate below.  Number Date
or Limited Company Please enter details from Company Incorporation Certificate below.  Number Date I I I I I I I I I I I I I I I I I I I

VAT 1B

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Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1. (See end of Document for details)

<ol><li>Has the VALUE of your ACQUISITIONS from persons in other EC countries exceeded the registration limit at any time in the calendar year commencing 1st January 1993 or any subsequent calendar year?</li></ol>
Yes and I exceeded the threshold on
because the value of my acquisitions from 1st January amounted to $\Sigma$
No because the value of my acquisitions from 1st January amounted to 2
If the answer is NO do you expect the value of ACQUISITIONS you will make in the next 30 days to exceed the registration limit?
Yes Go to 10 No Go to 11
10. If the answer to EITHER PART OF QUESTION 9 is YES, from what date MUST you be registered for VAT? (See note 10) - This is VERY IMPORTANT
I am required to be registered from
But I would like to be registered from this earlier date Go to 12
11. Lam NOT REQUIRED to be registered but I WISH to be registered from
12. Do you make taxable supplies in the UK?
YES Please enter the ESTIMATED VALUE OF TAXABLE SUPPLIES
you have made in the last 12 months £
NO .
13 Do you wish to request EXEMPTION from registration because all your acquisitions are ZERO-RATED?
Yes and my zero-rated acquisitions amount to £
No
14. Declaration
(Full Name in BLOCK LETTERS)
declare that all the entered details and information in any accompanying documents are correct and complete
Signalure
Tick one box
Proprietor Partner Director
Company Secretary Authorised Official Trustee
CD S48027V8;n138;

	Bn8		rens) y accumpanying documents	Date	S. Control of the Con			Trustee	Date		D rector	Trustee	]	Regul	ation 10
tion	W6, (Foll name of PRINCIPAL in BLOCK LETTERS)		(Full name of TAX REPRESENTATIVE in BLOCK LETTERS) declare that all the entered details and information in any accompanying documents are correct and complete	Signature of Principal	рох			Company Secretary Authorised Official	of Tax kative Date		Partner	Company Secretary Authorised Official	]		Deci.
4. Declaration	We, Foil as		(Full na declare tha are correct	Signature	Tick one bax	Proprietor	]	Company	Signature of Tax Representative	Tick one box	Proprietor	Company	]		CD M75M3(1198)
Appointment of Tax Representative	You should read the notes in the registration booklet "Should" be registered for VAT? - Distance Selling " which will help you to answer these questions. Please write clearly in black link.	1. Who is the business cwned by? Please give the persons full name and	agoress of the principal place of business.			Phone No. Phone No. Provide Action out the Phone No. Pho		Please give the UK VAT Registration number (if any)	 2. Enter the full name and address of the UK Tax Representative			Phone No. Postcode L.	<ol> <li>Please give the date of appointment of Tax Representative and VAT registration number (if any)</li> </ol>	Date of appointment	VAT Registration number

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1. (See end of Document for details)

Regulation 191(1)

VAT 65A

	is it Pod	his your test application? Il not, please glue farance No.		
H M Customs and Excise	Γ.	HM Customs and Excise	<u>i i i i i i i i i i i i i i i i i i i </u>	
		VAT Overseas Repayments		PLICATION
Official		8th/13th Directive Custorn House		siness person not in the Community for
authority	•	PO Box 34		EFUND OF
to which the acclication		LONDONDERRY BT49 7AE		E ADDED TAX
is addressed	L	Northern Ireland		the explanatory notes ore filling in)
	Г	Forersames and sumame or name of time of applicant	•	
	١.	House number and street name		
	1	Place, country and post code		<del></del>
	┕			
	2	Nature of applicant a business		
	[	Particulars of the Official Authority and textourinese Registration No. in the country in which normal place of residence	the applicant is established	or has his/her domicile or
	3			
	$\vdash$		1 14-4	From to Year Morrih Year
	[ 4	Period to which the application refers	Mont	Year Morth Year
(") Insert x in the appropriate box	6	Total amount of refund requested (in Hgures) (see overleat for rightspage (st))	£	
	Ë	(sea average im illenidet) (2)	1~1111	<del></del>
	6	The applicant requests the refund of the amount shown in heading 5 in the manner describe	ed in heading 7	
	.]	Method of sathlement requested (*)  Method of sathlement requested (*)	Postal account	
	1	Account number Code num	nber of financial body	
		Assummire nume of		
	1	-1 1 t 1 t 1 t 1 t 1 t 1 t 1 t 1 t 1 t 1	<del> </del>	
	7			
	l	Name and address of the financial body		
	l			
	l		<del></del>	<del></del>
	⊢	<u> </u>		
	8	No. of documents enclosed.	Import documents	
	г	The applicant hereby declares		
	l	(a) that the goods or services specified overtest were used for the following	ký business activities in th	e United Kingdon
	l	Ideal of beautiful control to the Ideal Id		
			······································	
	1	1. mal 1.01 (manual 11 (manual 1 100) (mala) (manual manual manua		
		(b) that in the United Kingdom during the period covered by this application	n halsha ennoned in	
	9	;) no supply of goods or services	nt -iaana engagaa n-	
		, no suchey or goods or services		
(*) Insert x	.	(*) only the provision of services in respect of which tax is pays	able solely by the person	to whom they are supplied
in the appropriate	1	(*) only in the provision of certain exempted transport services		
box			выпольну гнегени	
		(c) that the particulars given in this application are true		
		The applicant undertakes to pay back any montes wrongfully obtained		
		At		
		(PAP)	(Signature)	
		NOTE: Box 10 everteaf MUST be completed		
VAT 65A		Page 1,	1994 1994I	

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1. (See end of Document for details)

# Statement Itemising VAT amounts relating to the period covered by this application

17 Estimation sheet, headed with your business registration number, endoased "Box 10" and attach it fimily to the application form.

Number	Nature of goods or services	Name, VAT Registration No. (if known) and address of supplier of goods or services	Date and number of invoice or import document	Amount of tax refund applied for	FOR OFFICIAL USE ONLY
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Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1 . (See end of Document for details)

- Refunds of tax incurred may only be claimed subject to the rules of the United Kingdom. Brief details of supplies on which tax cannot be rectained are given in HM Customs and Excise Notice 723. Tax incurred on the following supplies also will not be refunded.

  (a) supplies of goods which have been or are about to be exported; and supplies to travel agents which are for the direct benefit of travelors. Under this scheme the term "travel agent "includes rour appreciators or any person who purchases or re-supplies services to havellers."

Number	Nature of goods or services	Name, VAT Registration Nc. (if known) and address of supplier of goods or services	Date and number of invoice or import document	Amount of law refund applied for	FOR OFFICIAL USE ONLY
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CD 00745/NB(01/84)

Form No. 10

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1. (See end of Document for details)

Regulation 191(1)(b)

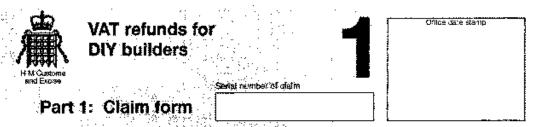


# Certificate of Status of Business Person

The undersigned(Na	ime and address of official authority)
certifies that	(Name of business person)
	(Nature of activity)
	(Address of the Establishment)
is a registered business person	in(Name of country)
*his registration number being	
Date	
	Signature
Office date starr-p	
	(Name and grade)
*If the applicant does not have state the reason for this.	a registration number, the official authority should
VAT 66A CG 3298(N5(D7/92)	F 86091 )

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1. (See end of Document for details)

Regulation 201(a)



This Part must be filled in by the person making the claim. This form makes its own carbon copy. Please write in BLOCK LETTERS to black had point one. If you make a mistake cross it but insert the opport retails shows it and initial the attention

Your full came	Name of occupant of dwelling (if different)
I you are claiming on behalf of a charity:	<u></u>
r you are claiming on benan or a chanty: Name of charity	Your status (ie Secretary, Director, duly authorised person)
Address of building you are clarming for	2. Your address (f different)
Postcode	, , , , , , Postcode, , , , , , ,
Cowhich above address should the refund be sent?	2;
Your daytime phone number Date of completion	Date of occupation or use
day mo	nih year day month year
Are you, or have you been, a director, side proprietor or parmer of any VAT Yes No No	If 'Yes', you must give the VAT
s your claim only for goods used to "It out" or "finish off the building paragraph 4 of the Notice)?	Yes
Summary of Perts 3 and 4	£ p
Total amount of VAT claimed on Part \$ (Taken from 'VAT paid' oc	Limn of Part 3)
Total amount of VAT claimed on Part 4 (Taken from Calculated V	AT' soluns of Part 4)
то	olal amount claimed
Declaration	

# I declare that:

- I have read Nokee 719
- all the entered details and information on this form and any accompanying documents are correct
- no other claim has been, or will be, made for these supplies
- The building described in Part 2 is to be used solely for the purposes of the charity named above
- Lamionly reclaiming VAT which was correctly charged to me, and which Loais, on goods / imposed or bought from a VAT registered supplier
- planning permission has been granted for the building described in Part 9.

There are heavy penalties for making false claims. If you are in any doubt please check with your local VAT office BEFORE you sign this form,

VAT 431 (Pt 1) LVO copy

WARNING

1

PDEGA (December 1991)

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Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1. (See end of Document for details)

爋	VAT refunds DIY builders	
MM Quatoms		

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Name of claimant (BLOCK LETTERS)	
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# Part 3: Goods and materials claimed for where the Invoices show VAT separately

When you fill in this part, you must:

- Ilst those goods and materials for which you have invoices or import documents showing VAT separately. Don't include items not eligible for the scripe the list at the back of Notice 7:9 gives examples of items not covered by the scheme
- either subtract the amount of any credit note you receive from the relevant invoice entry or put it in red in the list and subtract it from the total
- attach all the original invoices and import documents to this Part in the same order as they are listed.

Please write in black ink, cross out any mistakes you make and insert the correct details above them. The person making the claim must initial the alterations.

f Brief description of goods	2 Quartity of goods	3 Supplier's name	4 Invoice number or other reference number (eg Customs entry no.)	5 VAT paid ξ	p
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VAT 431 (Pt 3)

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Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1 . (See end of Document for details)

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Part 4: Goods and materials claimed for	F883820
FOLCY, COUCE AND INCIDENCE OF MAGGING	B 667 (86)
where invoices don't show VAT separately	
and the second of the second o	

When you fill in this Part, you must:

- list those goods and materials for which you were charged VAT but the suppliers' invoices do not show it separately. Don't Incude Items not eligible for the soneme the list at the back of Notice 719 gives examples of items not covered by the scheme
- either subtract the amount of any credif note you receive from the relevant invoice entry or put it in red in the list and subtract it from the total
- · attach all the original invoices to this Part in the same order as they are listed
- work out the VAT in column 6 as set out on the folder.

Please write in black ink, cross out any mistakes you make and insert the correct cetails above them. The person making the claim must initial the attentions.

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/AT 431 (Pt 4)	55.41	January 1990)			Carryfo	orward overleaf

Form No. 12

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Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1. (See end of Document for details)

Regulation 22(6), 23



# New Means of Transport

Ref	

for removal from the UK to another Member State of the European Community See notes overleaf before completing - Write in BLOCK LETTERS only

and Crafts	
For the purchaser to complete	For the Supplier to complete
	Full Name and Address
Surname (Mr/Mrs/Miss)	
Forename(s)	
Full Address in the UK	
	Vat Registration No. GB
Telephone	Details of the New Means of Transport
Permanent/Temporary (Delete as applicable)	. Motorised. Ship Aircraft
Full address in Member State of Destination	(Tick as applicable)
	Make
	Model
Talephone	Colour
Permanent/Temporary (Delete as applicable)	Registration No.
Are you: a UK Resident? an overseas visitor?	Engine No.
	Chassis/Huti/Alrframe No.
(Tick one box)	Invoice No. and date
Are you a serving member YES/NO	Date of Supply
of HM Forces?	Purchase Price
Member State of destination of the New Means of Transport in which VAT will be paid	VAT not paid at time of supply
I Declare that:	I Bardon That
<ul> <li>I have read notice 728 and the notes overleaf;</li> <li>I Intend to remove the New Means of Transport described</li> </ul>	Declare That:     the New Means of Transport described above complies
above from the UK to the Member State of destination within 2 months of the date of supply:	with the definition given in notice 725 about VAT and the Single Market
• I intend to notify the fiscal authority in that Member State and pay any tax due;	the information given above is correct
<ul> <li>I understand that if I fail to remove the New Means of Transport described above within 2 months of the date of supply it will become liable to forfeiture and tilk taxes will become due;</li> </ul>	Signature  Date Slaba; Proprieto:/Partner/Director/Company Secretary/Authorised Person
• The information I have given above is correct.	(Delete as applicable)
_	
Signature	
Date	
VAT 411 (Customs Copy) Page 1 Policia	<b>■</b> I <sub>3</sub> 1905:

**Changes to legislation:** There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1. (See end of Document for details)

Regulation 204(c)



# Value Added Tax Flat Rate Scheme for Agriculture Application for Certification

ard	and Exists					
1.	Notes to help you complete this form are on the reverse. Please read them carefully Please enter your FULL NAME in BLOCK LETTERS. (See note 1)					
2.	Please enter the ADDRESS of your BUSINESS. (See note 2)					
	Postcade Tel No.					
۹	Please describe your BUSINESS INCLUDING NON-FARMING ACTIVITIES. (See note 3)					
٥.						
4,	Please enter the ESTIMATED VALUE of AGRICULTURAL SUPPLIES					
	you expect to make in the next 12 months. (see note 4)					
5.	Please enter the ESTIMATED VALUE of SUPPLIES OF OTHER GOODS and					
	SERVICES which you expect to make in the nex; 12 months. (See note 5)					
6.	Please enter the DATE from which you wish your CERTIFICATE					
	TO BE EFFECTIVE. (See note 6)					
7.	Please enter your VAT REGISTRATION NUMBER. Write "NONE"					
	if you are not registered for VAT. (See note 7)					
8.	You must complete the following declaration :					
	jenter your hat remein BLOCK LETTERS)					
	declare that the information entered on this form is true and complete.  I apply for cancellation of the VAT registration shown at box 7 above.					
	Signature Date					
	Tick one box Proprietor Director Trustee Partner Company Author/sed					
	Secretary Official					
	For Official Use					
All'd	LVO TC Abbreviated name					
Ref						
VA1	<b>Г98</b> (родовичи) (жих); — Равоц - Упроможно (жих)					

Status: Point in time view as at 02/09/1996.

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1. (See end of Document for details)

								Regu	lation	178(1)(a)
<b>d</b>	ls th Ref	ris your linst application? If not please give erenca Nu.							1	VAT 65
H M Customs and Excee	1	1				[ <u> </u>		PPLICA busines		
Competent authority to which the application is addressed	<u>.</u>	لـ					VAL, se rea	d in the ( REFUND UE ADD d the ex clore filling	OF ED TAX planator	(
	F	Forenames and surname or name of firm of applicant								
	1	House rumber suid steet hains								
	Ì .	Place, crountry and nest code			<u> </u>		-44	<b>L</b> .	ال. ــــــــــــــــــــــــــــــــــــ	
	2	Nature of applicant's business		— L	<del></del>		ــــــــــــــــــــــــــــــــــــــ			
	3	Panioliars of the Cilibra Authority and favirus rises Registration No. in I normal place of residence	he souni	îy uz whi	ich the zpali	icant is seda			ver rkoráci	'e ar
	4	Period to which the application refers				1	Month	From Year	Memn 1	Year
	5	Total amount of referth requested (in liquitee) [see overlast for lamised list)			£					
	6	The applicant requests the refund of the amount shown in heading B in the	אחתבות שו	er deser	ibers in head	ing 7				
(*) Insertix In the	-	Method of settlement requested (*)	Bank abburil			Postal accour	nt	]		
aporopriale box	İ	Account number		Lader	nomber of tim	vanning) bod L 2 l	y 		:- <del>-</del> -:	
		Account in the name of	1 1	1			a. 1			
	7	<u>                                     </u>			ا ـ واسامها	∟ <b></b>	ے۔ ہے		======================================	~
		Name and address of the financial body								
		<u> </u>								
	В	No. of documents enclosed hwo cest hwo cest			VIIDO	ort odduine	rta			
		The applicant hereby declares								
		(a) that the goods or services specified overless were use	a -cm	a :DIIO	ving busale	ese activi	nes m o	16 0.1.60	Kingdon	
			· · · · · · · · · · · · · · · · · · ·							
	9	(b) that in the United Kingdom outing the period covered (in [17]) (iii) are quitable of posteriors.	DY CTIS 8	фриса	non, herani	e engage	xa a			ļ
(°) laged x		(1) Indicapply of goods or services	which b	ar e v	Saalde kult	elv hv the	^ <del>^</del>	la whian	Managa and	j saucoliwa
rrithe sopropriate box		(i) only the provision of services in respect of which tax is payable sulely by the person to which they are supplied to the provision of certain exempted transport services and any thereto								
2011		(c) that the particulars given in this approalion are true								į
		The asplicant undertakes to pay back any immies wrongfully (	ostained	ł						
		At					 nalure)			'
		NOTE: Box 10 overleaf MUST he completed								
		Page I.							:	

POD (May 1995)

**VAT 65** 

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1. (See end of Document for details)

# $\fbox{10}$ Statement item(sing VAT amounts relating to the period covered by this application

- 1) Each document submitted should be consecutively numbered starting with 1. The number should be inserted in the top right-hand corner of the face of the document. Enter details across the columns in respect of each invoice etc. submitted. If sufficient space is not available you must use a continuation sheet, headed with your tax registration number, endorsed Box 10 and attached firmly to the application form.
- 2) You are reminded that when tax is ancurred by favable persons who receive VAT group treatment, the group representative member must apply on behalf of all the members. As the supporting invoices produced will not necessarily be addressed to the representative member, the status certificate must also contain the names of those group members who incurred the tax.

Number	Nature of goods or services	Name, VAT Registration No. (If known) and address of supplier of goods or services	Oate and number of invoice or import document	Arrount of tax retund applied for	FOR OFFICIAL USE ONLY
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			CAF		

VAT 55 1R (06/95)

Page 2.

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1. (See end of Document for details)

- 9) Refunds of tax incurred may only be claimed aubject to the rules of leach state. Brief data is of supplies in each mainter state on which tax cannot be reclaimed are given in HM Customs and Excise Notice 723. Tax incurred on the following supplies without be refunded by any member state:
  - (a) supplies of goods which have been or are about to be exported; and
  - (b) supplies to travel agents which are for the direct benefit of travellers. Under this scheme the term "travel agent" includes tour operators or any person who purchases or re-supplies services to travellers.

Number	Nature of geads of services	Name, VAT Registration No. (if known) and address of supplier of goods or services	Date and number of involce or import document	Amount of tax refus¢ applied for	FOR OFFICIA USE ONLY
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			TOTAL		

VAT 66 (0595) Page 3.

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1. (See end of Document for details)

Regulation 178(1)(b)(i)



# Certificate of Status of Taxable Person

he undersigned	
	/Name of level YAT office)
	(Name of local VAT office)
Name of taxable person	<del>-</del>
Address	<del></del>
	.,
Nature of activity	
a taxable person for the purpo	sees of Value Added Tax, whose Registration number is
ate	-
Office stamp	
	Signature
	(Name and grade)
	(wante and Grade)
AT 66 CD 1017/NR/07/90)	F.50371

 ${\sf I}^{\sf FI}{\sf Form}$  No. 17CERTIFICATE REQUIRED TO SECURE RELIEF FROM VAT ON PURCHASED OR ACQUIRED GOODS INTENDED TO BE PLACED IN A FISCAL WAREHOUSING REGIME

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1. (See end of Document for details)

#### Information to be indicated:

I	(full name)
	(status in company)
of	(name and address of company)

declare that (name of company) intends to enter to the fiscal warehousing regime at the fiscal warehouse shown below on (date), or within... days commencing today, the goods indicated below:

- name and address of fiscal warehouse
- authorisation number of the fiscal warehousekeeper
- description of goods
- quantity of goods

I certify that the supply of goods/acquisition is eligible to be relieved from VAT under the following provisions of the Value Added Tax Act 1994 [delete as appropriate]:

sections 18B(2)(d)/18B(3) (purchases) or sections 18B(1)(d)/18B(3) (acquisitions).

(signature)

(date)

NOTE: You should be aware that there are severe penalties for making a false declaration. If there is any doubt about the eligiblity of the goods or about the fiscal warehouse to which they are being sent you should consult the local Customs and Excise office before preparing the certificate. A copy of the certificate should be filed with the supplier's invoice and a copy of the delivery note.

#### **Textual Amendments**

Sch. 1 Forms 17, 18 Form added (28.4.1996) by The Value Added Tax (Amendment) (No. 3) Regulations 1996 (S.I. 1996/1250), regs. 1(1)(2), 15, **Sch. 1** 

Form No. 18CERTIFICATE REQUIRED TO SECURE ZERO-RATING OF SERVICES (OTHER THAN THE SUPPLY OF WAREHOUSING) PERFORMED IN A FISCAL OR OTHER WAREHOUSE

### Information to be indicated:

I	(full name)
	(status in company)
of	(name and address of company)

declare that the goods shown below are subject to a fiscal or other warehousing regime at the place indicated below:

- description of goods
- quantity of goods
- warehouse stock number
- name and address of fiscal or other warehouse
- authorisation number of the relevant warehousekeeper/warehouse

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Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1. (See end of Document for details)

and that the following services are to be performed on the goods in the fiscal or other warehouse: I certify that the supply of services is eligible to be zero-rated for VAT purposes under section 18C(1) of the Value Added Tax Act 1994.

(signature)

(date)

NOTE: You should be aware that there are severe penalties for making a false declaration. If there is any doubt about a supply being entitled to zero-rating you should consult the local Customs and Excise office before signing and giving the certificate. A copy of the certificate should be filed with the supplier's invoice which should refer to section 18C(1) of the Value Added Tax Act 1994 to be elgible for zero-rating.

### **Textual Amendments**

**F1** Sch. 1 Forms 17, 18 Form added (28.4.1996) by The Value Added Tax (Amendment) (No. 3) Regulations 1996 (S.I. 1996/1250), regs. 1(1)(2), 15, **Sch. 1** 

## **Status:**

Point in time view as at 02/09/1996.

# **Changes to legislation:**

There are currently no known outstanding effects for the The Value Added Tax Regulations 1995, SCHEDULE 1 .