

Status: Point in time view as at 11/02/1998.

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

II Sch. 1 in force at 20.10.1995, see **reg. 1**

Form No. 1

Status: Point in time view as at 11/02/1998.

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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

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1. Enter your FULL NAME. Write in BLOCK LETTERS and leave a space between words

Grid for entering full name in block letters.

2. Enter your TRADING NAME if it is different from the name entered at 1

Grid for entering trading name.

3. Enter the address of your PRINCIPAL PLACE OF BUSINESS

Phone No.

Phone number input field.

Grid for entering principal place of business address.

Postcode

Postcode input field.

4. Describe your main BUSINESS ACTIVITY IN FULL please (see note 4)

Large text area for describing main business activity.

5. Who is the BUSINESS OWNED by ? (see note 5 and tick ONE BOX only)

Sole Proprietor

Yes/No box for Sole Proprietor.

or Partnership

Yes/No box for Partnership.

If partnership please ensure you ALSO complete form VAT 2

or Limited Company

Yes/No box for Limited Company.

Please enter details from Company Incorporation Certificate below.

Certificate Number

Certificate number input field.

Date of certificate

Date of certificate input field.

or Other

Yes/No box for Other.

Please give details

Text area for other details.

6. Was your BUSINESS TRANSFERRED to you or your company as a GOING CONCERN?

YES

Yes/No box for YES.

NO

Yes/No box for NO.

If YES, enter the date of transfer

Date of transfer input field.

and also

Enter the PREVIOUS OWNER'S name

Text area for previous owner's name.

and VAT REGISTRATION NUMBER

VAT registration number input field.

Do you want to RETAIN the VAT NUMBER of the previous owner?

YES

Yes/No box for YES.

NO

Yes/No box for NO.

(see note 6)

If you tick YES then both you and the previous owner MUST also complete form VAT 68

7. Enter EITHER your BANK SORT CODE

and ACCOUNT NUMBER

or your GIROBANK ACCOUNT NUMBER

Bank sort code input field.

Account number input field.

Girobank account number input field.

8. Do you use a COMPUTER FOR ACCOUNTING? (see note 8 and tick one box only)

YES

Yes/No box for YES.

NO


Yes/No box for NO.

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Regulation 5(1)

VALUE ADDED TAX Partnership Details

 For official use only
Date of receipt

Each partner should complete one of the sections below.
Please start at the beginning of each line and leave a space between words.
Please use BLOCK CAPITALS and write clearly in ink.

Registration No (where known)

1 Partner details

Full name _____

Home address _____

Home telephone _____

Signature _____ Date _____ Postcode _____

2 Partner details

Full name _____

Home address _____

Home telephone _____

Signature _____ Date _____ Postcode _____

3 Partner details

Full name _____

Home address _____

Home telephone _____

Signature _____ Date _____ Postcode _____

4 Partner details

Full name _____

Home address _____

Home telephone _____

Signature _____ Date _____ Postcode _____

VAT 2 CD 8063793791 1 1/98

Status: Point in time view as at 11/02/1998.
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Partner details	
5	<p>Full name <input type="text"/></p> <p>Home address <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Home telephone <input type="text"/></p> <p>Signature _____ Date _____ Postcode <input type="text"/></p>
Partner details	
6	<p>Full name <input type="text"/></p> <p>Home address <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Home telephone <input type="text"/></p> <p>Signature _____ Date _____ Postcode <input type="text"/></p>
Partner details	
7	<p>Full name <input type="text"/></p> <p>Home address <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Home telephone <input type="text"/></p> <p>Signature _____ Date _____ Postcode <input type="text"/></p>
Partner details	
8	<p>Full name <input type="text"/></p> <p>Home address <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Home telephone <input type="text"/></p> <p>Signature _____ Date _____ Postcode <input type="text"/></p>
Partner details	
9	<p>Full name <input type="text"/></p> <p>Home address <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Home telephone <input type="text"/></p> <p>Signature _____ Date _____ Postcode <input type="text"/></p>

CD 905/R/M(0796)

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Regulation 6(1)

Both Parts of this application form must be filled in

Part 1 To be completed by the new owner

*I/We took over a business as a going concern on

date	19
from	(name of previous owner)

*I/we enclose/have already returned Form VAT 1, and apply to use the previous owner's VAT registration number

--	--	--	--	--	--	--	--	--	--

If the application is granted *I/we agree:

- to send *my/our first VAT return to Customs and Excise with all the VAT due for the whole period covered by the return
- to send in any returns due from but not made by the previous owner
- to pay Customs and Excise, when asked, any VAT due on supplies made by the previous owner before the business was transferred - including any VAT on stocks and assets kept by the previous owner.
- that any return made in the previous owner's name for a period after the transfer date will be regarded as made by *me/us
- that any payment made by Customs and Excise to the previous owner before the reallocation of the registration number will satisfy any right *I/we have to that money.

Signature(s) _____

 (Proprietor, partners, director, company secretary)

date _____ 19

*delete as necessary

Part 2 To be completed by the previous owner

*I/we transferred a business as a going concern on

date	19
to	(name of new owner)

From that date *I am/we are no longer liable or eligible to be registered or *I/we withdraw *my/our request for voluntary registration. *I/we agree to the VAT registration number shown opposite being allocated to the new owner.

If the application is granted *I/we declare that:

- the new owner will be entitled to reclaim any input tax which *I/we could have reclaimed if the registration number had not been transferred
- any payment made by Customs and Excise to the new owner will satisfy any right *I/we have to that money
- *I/we have retained stocks and assets valued at £ _____, including VAT.

I/we can be contacted at the following address after the date of transfer:

Signature(s) _____

 (Proprietor, partners, director, company secretary, executor)

date _____ 19

*delete as necessary

Status: Point in time view as at 11/02/1998.
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Regulation 25(1)



Value Added Tax Return
For the period
to

For Official Use

Registration number Period

You could be liable to a financial penalty if your completed return and all the VAT payable are not received by the due date.

Due date:

For official use D O R only	
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File Here

Before you fill in this form please read the notes on the back and the VAT leaflet "Filing in your VAT return". Fill in all boxes clearly in ink, and write 'none' where necessary. Don't put a dash or leave any box blank. If there are no pence write "00" in the pence column. Do not enter more than one amount in any box.

		£			p
For official use	1	VAT due in this period on sales and other outputs			
	2	VAT due in this period on acquisitions from other EC Member States			
	3	Total VAT due (the sum of boxes 1 and 2)			
	4	VAT reclaimed in this period on purchases and other inputs (including acquisitions from the EC)			
	5	Net VAT (to be paid to Customs or reclaimed by you (Difference between boxes 3 and 4))			
	6	Total value of sales and all other outputs excluding any VAT. Include your box 8 figure			00
	7	Total value of purchases and all other inputs excluding any VAT. Include your box 9 figure			00
	8	Total value of all supplies of goods and related services, excluding any VAT, to other EC Member States			00
	9	Total value of all acquisitions of goods and related services, excluding any VAT, from other EC Member States			00
	Retail schemes. If you have used any of the schemes in the period covered by this return, enter the relevant letter(s) in this box.				

If you are enclosing a payment please tick this box. <input type="checkbox"/>	DECLARATION: You, or someone on your behalf, must sign below. I, declare that the (Full name of signatory in BLOCK LETTERS) information given above is true and complete. Signature Date 19..... <p style="text-align: center;">A false declaration can result in prosecution.</p>
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PO1(April 1995)

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VAT 100 (F.16)

Form No. 5

Status: Point in time view as at 11/02/1998.

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)

Regulations 23, 25(4)



Final Value Added Tax Return
For the period
to

For Official Use

Registration number

Period

You could be liable to a financial penalty if your completed return and all the VAT payable are not received by the due date.

Due date:

For official use D O R only	
-----------------------------------	--

Fold here

Before you fill in this form please read the notes on the back and the VAT leaflet "Filing in your VAT return". Fill in all boxes clearly in ink, and write 'none' where necessary. Don't put a dash or leave any box blank. If there are no pence write "00" in the pence column. Do not enter more than one amount in any box.

		£	p
For official use	VAT due in this period on sales and other outputs	1	
	VAT due in this period on acquisitions from other EC Member States	2	
	Total VAT due (the sum of boxes 1 and 2)	3	
	VAT reclaimed in this period on purchases and other inputs (including acquisitions from the EC)	4	
	Net VAT to be paid in Customs or reclaimed by you. (Difference between boxes 3 and 4)	5	
	Total value of sales and all other outputs excluding any VAT. Include your box 8 figure	6	00
	Total value of purchases and all other inputs excluding any VAT. Include your box 9 figure	7	00
	Total value of all supplies of goods and related services, excluding any VAT, to other EC Member States	8	00
	Total value of all acquisitions of goods and related services, excluding any VAT, from other EC Member States	9	00
	Retail schemes. If you have used any of the schemes in the period covered by this return, enter the relevant letter(s) in this box.		

If you are enclosing a payment please tick this box. <input type="checkbox"/>	DECLARATION: You, or someone on your behalf, must sign below. I, declares that the (Full name of signatory in BLOCK LETTERS) information given above is true and complete. Signature Date 19..... A false declaration can result in prosecution.
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PCU/Apr 1995

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VAT 193

Form No. 6

Status: Point in time view as at 11/02/1998.

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 ink.

GD 3429(1102)

Do not detach

Status: Point in time view as at 11/02/1998.

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 the NAME of the PERSON MAKING DISTANCE SALES to the UK. Write in BLOCK LETTERS and leave a space between words

Grid for name entry (10 columns, 3 rows)

2. Enter the NAME of the UK TAX REPRESENTATIVE (see note 2)

Grid for name entry (10 columns, 3 rows)

3. 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

Phone No.

Phone number input box

Grid for address entry (10 columns, 5 rows)

Postcode

Postcode input box

4. Describe your main BUSINESS ACTIVITY IN FULL please (See note 4)

Large text box for business activity description

5. Who is the BUSINESS OWNED by ? (See Note 5 and tick ONE BOX only)

Sole Proprietor

Input box for Sole Proprietor

or Partnership

Input box for Partnership

Please ensure you ALSO complete form VAT 2.

or Limited Company

Input box for Limited Company

or Other

Input box for Other

Please give details

Text box for other 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

Bank Sort Code input box

Account Number input box

Giro Bank Account Number input box

7. Do you use a COMPUTER FOR ACCOUNTING ? (See Note 7 and tick one box only) YES

Input box for YES

Input box for NO

8. Has the value of your DISTANCE SALES to customers in the UK exceeded the UK distance selling threshold at any time in the calendar year commencing 1st January 1993 or any subsequent calendar year?

YES

Input box for YES

and I exceeded the threshold on

Date input box

Go to 11

NO

Input box for NO

Go to 9

VAT 1A

CG 8425/1/93 (1/1993)

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9. Have you exercised the OPTION TO MAKE THE PLACE OF SUPPLY THE UK, although you have NOT exceeded the UK threshold? (see note 9)

Tick one box

NO Go to 10

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 Go to 13

12. Do you intend to exercise the OPTION TO MAKE THE PLACE OF SUPPLY of your distance sales the UK?

NO

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

I
(Full name in BLOCK LETTERS)

declare that all the entered details and information in any accompanying documents are correct and complete

Signature

Tick one box

- Proprietor
- Partner
- Director
- Company Secretary
- Authorised Official (including tax representative)
- Trustee

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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.

CD 3438941 (1/1/92)

Do not detach

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9. 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?

Yes and I exceeded the threshold on

because the value of my acquisitions from 1st January amounted to £ Go to 10

No because the value of my acquisitions from 1st January amounted to £

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. I am 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

I (Full Name in BLOCK LETTERS)

declare that all the entered details and information in any accompanying documents are correct and complete

Signature

Tick one box

- Proprietor Partner Director Company Secretary Authorised Official Trustee

Status: Point in time view as at 11/02/1998.

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Regulation 191(1)

VAT 65A



Official authority to which the application is addressed

Is this your first application? If not, please give Reference No.

HM Customs and Excise
 VAT Overseas Repayments
 8th/13th Directive
 Custom House
 PO Box 34
 LONDONDERRY BT48 7AE
 Northern Ireland

[]

APPLICATION
 by a business person not established in the Community for
REFUND OF VALUE ADDED TAX
 (Please read the explanatory notes before filling in)

1	Forenames and surname or name of firm of applicant			
	House number and street name			
	Place, country and post code			
2	Nature of applicant's business			
3	Particulars of the Official Authority and tax/Business Registration No. in the country in which the applicant is established or has his/her domicile or normal place of residence			
4	Period to which the application refers	From	To	
		Month	Year	Month
5	Total amount of refund requested (In figures; see overleaf for itemised list)	£		
6	The applicant requests the refund of the amount shown in heading 5 in the manner described in heading 7			
7	Method of settlement requested (*)	Bank account <input type="checkbox"/>	Postal account <input type="checkbox"/>	
	Account number	CIBIC number of financial body		
	Account in the name of			
	Name and address of the financial body			
8	No. of documents enclosed: Invoices..... Import documents.....			
9	The applicant hereby declares			
	(a) that the goods or services specified overleaf were used for the following business activities in the United Kingdom:			
			
	(b) that in the United Kingdom during the period covered by this application, he/she engaged in			
	<input type="checkbox"/>	(*) no supply of goods or services		
	<input type="checkbox"/>	(*) only the provision of services in respect of which tax is payable solely by the person to whom they are supplied		
	<input type="checkbox"/>	(*) only in the provision of certain exempted transport services ancillary thereto		
	(c) that the particulars given in this application are true			
The applicant undertakes to pay back any monies wrongfully obtained				

(*) Insert x in the appropriate box

(*) Insert x in the appropriate box

At..... on.....
 (Place) (Date) (Signature)

NOTE: Box 10 overleaf **MUST** be completed

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Regulation 191(1)(b)



Certificate of Status of Business Person

The undersigned
(Name 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 stamp

.....
(Name and grade)

*If the applicant does not have a registration number, the official authority should state the reason for this.

VAT 68A CD 3299(NS)(07/92)

F 86091)

Status: Point in time view as at 11/02/1998.

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Regulation 201(a)



VAT refunds for DIY builders

1

Office date stamp

Serial number of claim

Part 1: Claim form

This Part must be filled in by the person making the claim. This form makes its own carbon copy. Please write in BLOCK LETTERS in black ball point pen. If you make a mistake, cross it out, insert the correct details above it and initial the alteration.

Your full name

Name of occupant of dwelling (if different)

If you are claiming on behalf of a charity:
Name of charity

Your status (ie Secretary, Director, duly authorised person)

1. Address of building you are claiming for

Postcode

2. Your address (if different)

Postcode

To which above address should the refund be sent? 1 2

Your daytime phone number

Date of completion

day	month	year
		19

Date of occupation or use

day	month	year
		19

Are you, or have you been, a director, sole proprietor or partner of any VAT registered business?

Yes No

If 'Yes', you must give the VAT registration number here

Is your claim only for goods used to 'fit out' or 'finish off' the building (paragraph 4 of the Notice)?

Yes No

Summary of Parts 3 and 4	£	p
Total amount of VAT claimed on Part 3 (Taken from 'VAT paid' column of Part 3)		
Total amount of VAT claimed on Part 4 (Taken from 'Calculated VAT' column of Part 4)		
Total amount claimed		

Declaration


I declare that:

- I have read Notice 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
- I am only reclaiming VAT which was correctly charged to me, and which I paid, on goods I imported or bought from a VAT registered supplier
- planning permission has been granted for the building described in Part 2.

Signature of person making the claim Date

WARNING 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.

Status: Point in time view as at 11/02/1998.
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)



**VAT refunds for
DIY builders**

2

Name of claimant (BLOCK LETTERS)

Part 2: Description of building and quantities of goods and materials used

Please write in black ink. If you make a mistake, cross it out and insert the correct details above it.
 The person making the claim must initial the alteration.

<p>Description of building Type eg bungalow, village hall</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>* Detached/semi-detached/teraced</p>	<p>Number of storeys (Count ground floor as one storey)</p> <p>Number of bedrooms</p> <p>Number of kitchens</p>	<p>Number of reception rooms</p> <p>Number of bathrooms/cloakrooms</p> <p>Ground floor area m²/m</p>	<p>Garages</p> <p>Built-in Number Single* double Total floor area m²/m</p> <p>Detached Number Single* double Total floor area m²/m</p>
<p>Quantities of materials used. If your claim is only for goods used to 'fit out' or 'finish off' the building, you need only list those goods you are claiming for. If not, you must list all materials used, even those you are not claiming for. Please fill in the quantities in the units specified. The conversion table on the folder will help you to do this.</p>			

Item	Quantity		Unit
	Amount	Unit	
Cement			Tonnes
Sand			*Tonnes/m ³
Aggregate			*Tonnes/m ³
Lime			Tonnes
Facing Bricks			Number
Common Bricks			Number
Stocks/engineering etc bricks			Number
Windows			Number
Glazing			m ²
Roofing tiles			Number
Roofing felt			Rolls
Floor tiles			Number
Copper tubing			Metres
Plaster			Tonnes
Partition blocks			Number
Plaster-board			m ²
Timber-carassing			m ³
Timber-Joinery			m ³
Timber-tongued and grooved flooring			m ²
Staircase and handrail			Number
External doors			Number
Internal doors			Number

Item	Quantity		Unit
	Amount	Unit	
Paint - undercoating			Litres
Paint - emulsion			Litres
Paint - woodprimer			Litres
Paint - finishing coat			Litres
Cold water storage tank			Number
Copper cylinder			Number
Ironmongery for doors			Number
Sink, drainer and taps			Number
Washbasin and taps			Number
WC Suite			Number
Bath and taps			Number
Heating			Number of radiators
Brief description			
Type of heater unit			

Kitchen units (bought-in cupboards, worktops, etc).
 Please give number, type and dimensions of each.

Electrical Installation

Number of power points	Amount and type of cable used
Number of lighting points	
Number of switches	Number of fuse boxes

*Delete as appropriate. If you have used items not listed in this part, please list them overleaf with the quantity of each.
 VAT 431 (Pt 2) If you need more space please continue on a separate piece of paper

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Regulation 22(6), 23



New Means of Transport

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

Ref

For the purchaser to complete

Surname (Mr./Mrs./Miss)

Forename(s)

Full Address in the UK

.....

Telephone

Permanent/Temporary (Delete as applicable)

Full address in Member State of Destination

.....

.....

Telephone

Permanent/Temporary (Delete as applicable)

Are you: a UK Resident? an overseas visitor?

(Tick one box)

Are you a serving member of HM Forces? YES/NO

Member State of destination of the New Means of Transport in which VAT will be paid

.....

I Declare that:

- I have read notice 728 and the notes overleaf;
- I intend to remove the New Means of Transport described above from the UK to the Member State of destination within 2 months of the date of supply;
- I intend to notify the fiscal authority in that Member State and pay any tax due;
- 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 UK taxes will become due;
- The information I have given above is correct.

Signature

Date

VAT 411 (Customs Copy)

For the Supplier to complete

Full Name and Address

.....

.....

Telephone

Vat Registration No. GB

Details of the New Means of Transport

Motorised Land Vehicle Ship Aircraft

(Tick as applicable)

Make	
Model	
Colour	
Registration No.	
Engine No.	
Chassis/Hull/Airframe No.	
Invoice No. and date	
Date of Supply	
Purchase Price	
VAT not paid at time of supply	

I Declare That:

- the New Means of Transport described above complies with the definition given in notice 725 about VAT and the Single Market
- the information given above is correct

Signature

Date

Status: Proprietor/Partner/Director/Company Secretary/Authorised Person (Delete as applicable)

Status: Point in time view as at 11/02/1998.
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)(a)

VAT 65



Competent authority to which the application is addressed

Is this your first application? If not, please give Reference No.

[]

APPLICATION
 by a business person established in the Community for
REFUND OF VALUE ADDED TAX
 (Please read the explanatory notes before filling in)

1	Forenames and surname or name of firm of applicant			
	House number and street name			
	Post, country and post code			
2	Nature of applicant's business			
3	Particulars of the Office, Authority and tax/business Registration No. in the country in which the applicant is established or has his/her domicile or normal place of residence			
4	Period to which the application refers		From	To
		Month	Year	Month
5	Total amount of refund requested (in figures) (see overleaf for limited list)		£	
6	The applicant requests the refund of the amount shown in heading 5 in the manner described in heading 7			
7	Method of settlement requested (*)		Bank account <input type="checkbox"/>	Postal account <input type="checkbox"/>
	Account number		Code number of financial body	
	Account in the name of			
	Name and address of the financial body			
8	No. of documents enclosed: Invoices Import documents			
9	The applicant hereby declares			
	(a) that the goods or services specified overleaf were used for the following business activities in the United Kingdom			
			
			
(b) that in the United Kingdom during the period covered by this application, he/she engaged in				
<input type="checkbox"/> (i) no supply of goods or services				
<input type="checkbox"/> (ii) only the provision of services in respect of which tax is payable solely by the person to whom they are supplied				
<input type="checkbox"/> (iii) only in the provision of certain exempted transport services ancillary thereto				
(c) that the particulars given in this application are true				
The applicant undertakes to pay back any moneys wrongfully obtained				

(*) Insert x in the appropriate box

(*) Insert x in the appropriate box

At: on: (Place) (Date) (Signature)

NOTE: Box 10 overleaf **MUST** be completed

Status: Point in time view as at 11/02/1998.

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

The undersigned

.....
(Name of local VAT office)

Name of taxable person
Address
.....
.....
Nature of activity

is a taxable person for the purposes of Value Added Tax, whose Registration number is

--	--	--	--	--	--	--	--	--	--

Date

Office stamp

Signature

.....
(Name and grade)

VAT 66

CD 10 7/NB(079)

F 50371

[F1] Form No. 17 CERTIFICATE REQUIRED TO SECURE RELIEF FROM VAT ON PURCHASED OR ACQUIRED GOODS INTENDED TO BE PLACED IN A FISCAL WAREHOUSING REGIME

Status: Point in time view as at 11/02/1998.

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 eligibility 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

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**

Form No. 18 CERTIFICATE 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

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 eligible 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 11/02/1998.

Changes to legislation:

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