F1F2F3F4F5SCHEDULE 1

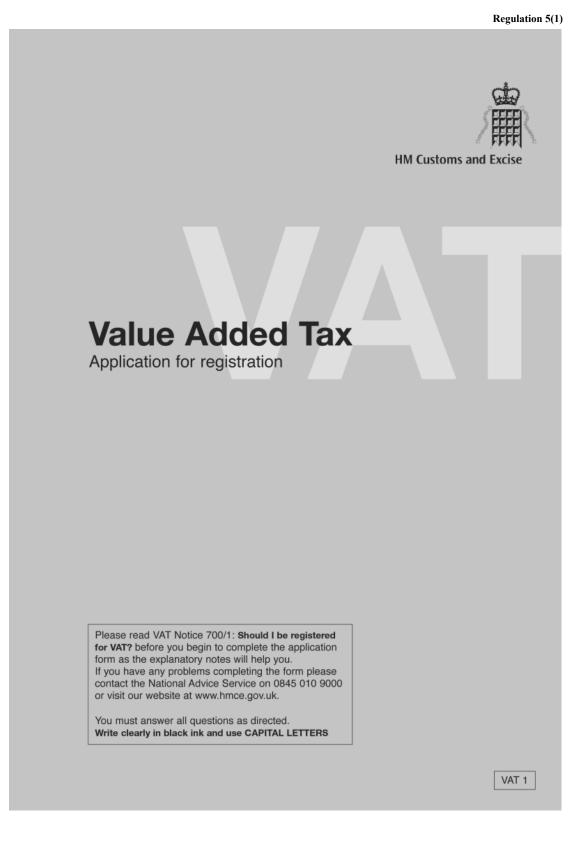
Regulation 5(1)

Textual Amendments

- F1 Sch. Form 4 substituted (1.4.2001) by The Value Added Tax (Amendment) Regulations 2001 (S.I. 2001/630), reg. 1, Sch.
- F2 Sch. 1 Form 5 substituted (1.4.2001) by The Value Added Tax (Amendment) Regulations 2001 (S.I. 2001/630), reg. 1, Sch.
- F3 Sch. 1 Form 7A inserted (22.3.2000) by The Value Added Tax (Amendment) (No. 3) Regulations 2000 (S.I. 2000/794), reg. 7, Sch. 1
- F4 Sch. 1 Forms 1 and 2 substituted (1.1.2002) by The Value Added Tax (Amendment) (No. 3) Regulations 2001 (S.I. 2001/3828), reg. 3, Sch.
- F5 Sch 1 Forms 4 and 5 substituted (22.7.2004) by The Value Added Tax (Amendment) (No. 3) Regulations 2004 (S.I. 2004/1675), reg. 6(1)(2), Sch.

Commencement Information

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



ame	
 Sole proprietors – please give your full name. Partnerships – please give your trading name, or if you do not have one please give the names of all partners. You must also complete and return form VAT 2 (available from the National Advice Service or our website). Corporate or unincorporated bodies – please give the name of the company, club, association, etc. Do you have a trading name? (Please tick) Please give the trading name of the business. 	Yes No
atus What is the structure/legal status of the business? (Please tick)	Sole proprietor Partnership (Please complete form VAT 2)
	Please give incorporation details: Certificate no. Date of incorporation Country of incorporation Unincorporated body (e.g. club or association) Please specify
siness address	
Please give the address of your principal place of business. This is where you carry out most of the day-to-day running of the business. e.g. where you receive and deal with orders.	Postcode Image: Constraint of the constraint
	Business phone
	Mobile phone
	Internet address

u	siness activities	
	Please tell us about all your current and/or intended business activities. (Continue on a separate sheet if necessary)	
	Are you or any of the partners or directors in the business you are seeking to register through this application, involved in running any other businesses either as a sole proprietor, partner or director? (Please tick)	Yes No If yes, please give the names of these businesses and VAT registration numbers where appropriate. (Continue on a separate sheet if necessary)
	Have you, or any of the partners or directors in the business you are seeking to register through this application, been involved in running any other businesses either as a sole proprietor, partner or director in the past two years? (Please tick)	Yes No If yes, please give the names of these businesses and VAT registration numbers where appropriate. (Continue on a separate sheet if necessary)
	Is your business involved in any other activities registered with or authorised by Customs and Excise? (Please tick boxes as appropriate)	Excise duties Imports/exports Landfill tax Air passenger duty Insurance premium tax Climate change levy Aggregates levy (From 1/4/2002)
	Are you registering as the representative member of a VAT group? (Please tick)	Yes No If yes, you must provide the additional information set out on forms VAT 50 and VAT 51 (available from the Nation Advice Service tel: 0845 010 9000 or our website).
ð	art 2 About the business acc	ounts
	returns	
0	Do you expect to receive regular repayments of VAT? (Please tick)	Do not answer yes if you believe that the majority of your VAT returns will show an overall payment of tax due to Customs and Excise.

om	nputer accounts	
1	Is your accounting system computerised? (Please tick)	Yes No If yes, please give details of the software used in compiling your accounts. Software Version
	h detelle	
2	k details Please give details of the bank or building society account that you use for the business.	Sort code Account number Image: Constraint of the second number Image: Constraint of the second number Image: Constraint of the second number Image: Constraint of the second number
F.	rt 3 The taxable turnover an	a data at redistration
	rt of business For the purposes of VAT, all the goods or services you	, , , , , , , , , , , , , , , , , , ,
	rt of business	supply which are VAT-rated – even zero-rated goods
tar	rt of business For the purposes of VAT, all the goods or services you or services – are called 'taxable supplies', whether you	supply which are VAT-rated – even zero-rated goods
tar	rt of business For the purposes of VAT, all the goods or services you or services – are called 'taxable supplies', whether you make for your business are not your taxable supplies. Have you made any taxable supplies yet? (Please tick)	supply which are VAT-rated – even zero-rated goods are registered for VAT or not. The purchases you Yes No If yes, give the date of your first taxable supply. If no, give the date you expect it to be.
tar	rt of business For the purposes of VAT, all the goods or services you or services – are called 'taxable supplies', whether you make for your business are not your taxable supplies. Have you made any taxable supplies yet?	supply which are VAT-rated – even zero-rated goods are registered for VAT or not. The purchases you Yes No If yes, give the date of your first taxable supply. If no, give the date you expect it to be. Date of first taxable supply Yes No (If no, give the date supply) If no, give the date you expect it to be. Date of first taxable supply Yes No (If no proceed to question 18)
tar 3 us	rt of business For the purposes of VAT, all the goods or services you or services – are called 'taxable supplies', whether you make for your business are not your taxable supplies. Have you made any taxable supplies yet? (Please tick) iness transfers Have you taken over a VAT registered business from someone else as a going concern, or changed the legal entity that owns the business (for example from a sole	supply which are VAT-rated – even zero-rated goods are registered for VAT or not. The purchases you Yes No If yes, give the date of your first taxable supply. If no, give the date you expect it to be. Date of first taxable supply Yes No (If no proceed to question 18) If yes, what date did the transfer of the business or change
tar 3 us	It of business For the purposes of VAT, all the goods or services you or services – are called 'taxable supplies', whether you make for your business are not your taxable supplies. Have you made any taxable supplies yet? (Please tick) iness transfers Have you taken over a VAT registered business from someone else as a going concern, or changed the legal entity that owns the business (for example from a sole proprietor to a limited company)? (Please tick)	supply which are VAT-rated – even zero-rated goods are registered for VAT or not. The purchases you Yes No If yes, give the date of your first taxable supply. If no, give the date you expect it to be. Date of first taxable supply Yes No (If no proceed to question 18) If yes, what date did the transfer of the business or change

We need the following information to determine whethe entitled to be registered. The total value of your taxable taxable turnover. The question of whether you need to your taxable turnover in any past period of 12 months turnover in any period then beginning of 30 days alone Have your taxable supplies, in the past 12 months or less, gone over the registration limit and/or	e supplies (see 'Start of business' above) is called your be registered for VAT will depend upon the level of or less, or on the anticipated level of your taxable
, , , , , , , , , , , , , , , , , , , ,	ł.
has there been a point in the past when taxable supplies in the previous 12 months or less exceeded the registration limit? (Please tick)	Yes No If yes, please give the date they exceeded. (The current limits are in Notice 700/1: Should I be registered for VAT?)
	My taxable supplies exceeded the threshold on
	You will be registered from the first day of the second month following, eg. If your taxable supplies exceeded the threshold in June you will be registered from 1st August.
Do you expect the taxable supplies you will make in the next 30 days alone will exceed the registration limit and/or has there been a date in the past	Yes I No (If no proceed to question 22)
when there were grounds for believing that your taxable supplies would exceed the registration limit in the next 30 days alone? (Please tick)	My expectation arose on
Do you wish to be registered from a date earlier than the date on which you are obliged to be registered? (Please tick)	Yes No (If no proceed to question 23)
From what date would you like to be registered?	Proceed to question 23)
luntary registration	
I am applying for voluntary registration because: (Please tick)	My taxable turnover is below the current registration threshold.
	I am not currently making taxable supplies but intend to in the future.
	I am established or have a fixed establishment in the UK and make or intend to make supplies only outside the UK.
I would like to be registered from	
lue of your supplies	
Please estimate the value of taxable supplies you expect to make in the next 12 months.	٤

	Do you expect to make any exempt supplies?	Yes	<u> </u>	lo							
	(For more information about exempt supplies see Notice 700/1: Should I be registered for VAT?)	If yes, estin expect to m						es yo	bu		
	(Please tick)	£									
	EC Trade (A list of EC Member States is in Notice 700/1: Should I be registered for VAT?)										
	Please tell us the value of goods you are likely to buy from other EC Member States or sell to other EC Member States in the next 12 months	Buy Sell	£ £								
eı	mption from registration										
	Do you want exemption from registration because your taxable supplies are wholly	Yes		lo							
	or mainly zero-rated?	If yes , give supplies in t				f your	zero	-rate	ed		
		Zero-rated	supplies		Γ	£					
	Irt 4 Your details and declara ne address and National Insurance number Please give your full home address and your Natio	ation	e numb	er							
	ne address and National Insurance number	ation mal Insuranc			w						
	ne address and National Insurance number Please give your full home address and your Natio	ation mal Insuranc onal Insuranc	e numbe	er belo		n forr	n VA	T 2			
	ne address and National Insurance number Please give your full home address and your Natio • Sole proprietors – give your home address and Nati	enal Insurance onal Insurance urance number I Insurance nu ation form. If y a director or c	e numbe rs of all imber of ou are s	er belo partno the d igning	ers or irecto as a	or, co in au	mpa thori:	ny sed	slud	le	
	 ne address and National Insurance number Please give your full home address and your Natio Sole proprietors – give your home address and Nati Partnerships – give home address and National Insu Corporate bodies – give home address and National secretary or authorised signatory signing the applicate signatory include a letter of authorisation signed by 	ation mal Insuranc onal Insuranc urance numbe I Insurance nu tion form. If y a director or c	e numbe irs of all imber of ou are s ompany	er belo partno the d igning secre	ers or irecto as a etary.	or, co in au This	mpa thori: mus	ny sed t inc			
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aration	
Please sign and date the declaration below	
(Corporate bodies – a director, company secretary or authorised signatory must sign the form)	
	(Insert full name in BLOCK CAPITALS)
I declare that the information given on this form	and accompanying document is true and complete
	Signature
	Date
Your position in the business (Please tick one box)	Proprietor Partner
	Director Company Secretary
	Other (Please give details)
• Have you signed the form?	
	ose form VAT 2
Have you signed the form?	
Have you signed the form?Partnership? Remember to complete and enclosed	se forms VAT 50 and VAT 51
 Have you signed the form? Partnership? Remember to complete and enclo VAT group? Remember to complete and enclo Corporate body? Have you completed the inco Applying on a voluntary basis because you are not 	se forms VAT 50 and VAT 51
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Nor a	For official use only
LUETAX DED TAX DED South Desail	HIM Customs
DE ship	and Excise
rtner	Each partner should complete one of the sections below. Please start at the beginning of each line and leave a
5.3.	space between words. Registration No. (where known)
	Please use BLOCK CAPITALS and write clearly in ink.
Full name	
Home address	
-	
Postcode	
Home telephone	Mobile telephone
	e Number or Tax Identifier in country of origin
Signature	Date
Partner details	
Full name	
Home address	
Postcode	
Home telephone	Mobile telephone
	e Number or Tax Identifier in country of origin
Signature	Date
Deuturau dataile	
Partner details	
Full name	
Full name Home address	
Full name Home address Postcode	
Full name Home address Postcode Home telephone	Mobile telephone
Full name Home address Postcode Home telephone National Insurance	Mobile telephone
Full name Home address Postcode Home telephone National Insurance Signature	Mobile telephone
Full name Home address Postcode Home telephone National Insurance Signature Partner details	Mobile telephone
Full name Home address Postcode Home telephone National Insurance Signature Partner details	Mobile telephone
Full name Home address Postcode Home telephone National Insurance Signature	Mobile telephone
Full name Home address Postcode Home telephone National Insurance Signature Partner details Full name Home address	Mobile telephone
Full name Home address Postcode Home telephone National Insurance Signature Partner details Full name	Mobile telephone

	Partner details	
5	Full name	
	Home address	
	Postcode	
	Home telephone	Mobile telephone
	National Insurance	Number or Tax Identifier in country of origin
	Signature	Date
	Partner details	
6	Full name	
	Home address	
	Postcode	
	Home telephone	Mobile telephone
	National Insurance	e Number or Tax Identifier in country of origin
	Signature	Date
	Partner details	
7	Full name	
	Home address	
	Postcode	
	Home telephone	Mobile telephone
	National Insurance	e Number or Tax Identifier in country of origin
	Signature	Date
	Partner details	
8	Full name	
	Home address	
	Postcode	
	Home telephone	Mobile telephone
	National Insurance	e Number or Tax Identifier in country of origin
	Signature	Date
	Partner details	
9	Full name	
	Home address	
	Postcode	
	Home telephone	Mobile telephone
	National Insurance	e Number or Tax Identifier in country of origin
	Signature	Date
AT 2 n	everse (11/01)	

Form No. 3

Regulation 6(1)

Both Parts of this application form must be filled in

Part 1 To be completed by the new owner

Part 2 To be completed by the previous owner

*I/We took over a business as a going concern on	*I/we trai	nsferred a business as a going concern on
date 19	date .	<u>ب</u> ا
from (trant of previous o	weet)	(hame of new owner)
"i/we "enciose/have already returned Form VAT 1, and use the previous owner's VAT registration number	be registe voluntary	t date *I and/we are no longer liable or eligible to ted or *I/we withdraw *my/our request for registration. *I/we agree to the VAT registration hown opposite being allocated to the new owner.
If the application is granted "live agree:	The app	lication is granned #1/we declare that:
 to send, "my/our first VAT return to Customs and 1 with all fire VAT due for the whole period covered by return. 	the which 'l'	v owner will be entitled to neclaim any lopef lax we could have reclaimed if the registration numb cen transferred
 to send in any returns due from but not roade by th previous owner 		yment made by Customs and Excise to the new I satisfy any right *Dwe have to that money
 to pay Customs and Excise, when asked, any VAT on supplies made by the provious owner before the by was transferred - including any VAT on stocks and as kept by the previous owner. 	ușineșa Sers Vwe can	ave retained stocks and assets valued at . including VAI: be contacted at like following address after the da
 that any return made in the providus owner's name period after the transfer date will be regarded as made interos 		г.
 that any payment made by Customs and Excise to previous owner before the reallocation of the registrat number will satisfy any right "i/we have to that more; 	iton i	
		r(s)
Proprietor, partners, director, company secretary)		r, gartners, director, company secretary, executor)
ale [9	date	19
dulete as neccasary	*delete us	петеххату

			Regulation 25(1)
HM Customs and Excise	Value Added Tax Return For the period to	For Official Use	
		payable are not	d return and all the VAT received by the due date fault and may be liable to
		Due Date: For official use D O R only	

Before you fill in this form please read the notes on the back and the VAT leaflets "Filling in your VAT return" and "Flat rate scheme for small businesses", if you use that scheme. 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.

			£	р
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 to 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 costs, excluding any VAT, to other EC Member States	8		00
	Total value of all acquisitions of goods and related costs, excluding any VAT, from other EC Member States	9		00
If you are enclosing	DECLARATION: You, or someone on your behalf, must sign	below.		
a payment please tick this box.	I,		declar	e that the
	information given above is true and complete.			
	SignatureDat	te		
	A false declaration can result in	prosecution		
VAT 100 (full)	Page 1			PT1 (June 2004)

			Regulations 23, 25(4)
HM Customs and Excise	Final Value Added Tax Return For the period to	For Official Use	
		Registration numb	
			9999
1		payable are not r	d return and all the VAT eceived by the due date ault and may be liable to y
		Due Date:	
		For official use D O R only	

Before you fill in this form please read the notes on the back and the VAT leaflets "Filling in your VAT return" and "Flat rate scheme for small businesses", if you use that scheme. 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.

VAT 193 (full)	Page 1		PT1 (June 2004)
	A false declaration can result in prosecut	ion	
	SignatureDate		
	information given above is true and complete.		
a payment please tick this box.	I,	decla	re that the
If you are enclosing	DECLARATION: You, or someone on your behalf, must sign below.		
	Total value of all acquisitions of goods and related costs, excluding any VAT, from other EC Member States 9		00
	excluding any VAT, to other EC Member States		
	Total value of all supplies of goods and related costs,		00
	Total value of purchases and all other inputs excluding any VAT. Include your box 9 figure 7		00
	Total value of sales and all other outputs excluding any VAT. Include your box 8 figure 6		00
	Net VAT to be paid to Customs or reclaimed by you (Difference between boxes 3 and 4) 5		
	VAT reclaimed in this period on purchases and other inputs (including acquisitions from the EC) 4		
	Total VAT due (the sum of boxes 1 and 2) 3		
	VAT due in this period on acquisitions from other 2 EC Member States		
For official use			<u> </u>
For official use	VAT due in this period on sales and other outputs	~	; - P

Form No. 6

Regulation 5(1)

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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.

GD (3428(1182)

Do not detach

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

2. Enter the INAME of the UK TAX REPRESENTATIVE (see note 2)
 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
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
or Limited Company
or Limited Company
or Limited Company or Other Please give details 6. Enter your UK BANK DETAILS or YOUR TAX REPRESENTATIVE'S BANK DETAILS: (See Note 6)
or Limited Company or Other Please give details
or Limited Company or Other Please give details 6. Enter your UK BANK DETAILS or YOUR TAX REPRESENTATIVE'S BANK DETAILS: (See Note 6)
or Limited 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
or Limited 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
or Limited 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
or Limited 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 8. Has the value of your DISTANCE SALES to customers in the UK exceeded the UK distance seiling threshold at any
or Limited 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 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?

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 EC Country YES and the option was exercised in
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)
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 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 ane bax
Proprietor Partner Director
Company Secretary Authorised Official Trustee
CD 3423/2749(11)92)

Form No. 7

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 3430/41 (11/92)

Do not detach

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

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

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3. Enter the address of your PRINCIPAL PLACE OF BUS/NESS

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Phone No.	1	1	1	1	;	1	1	L	1	÷	1	;	1	1		1	1		1	;	1	1	1	1		_	1	1	1	
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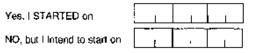
4. Describe your main. BUSINESS ACTIVITY IN FULL please (See note 4).

1				
1			·	· · ·
L	 	 	 ·····	

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

or Partnership Please ensure you ALSO complete form VAT 2.	
or Limited Company Please enter details from Company Incorporation Certificate below.	
Number Date	
or Other]
6. Enter EITHER your BANK SORT CODE and ACCOUNT NUMBER or your GIROBANK ACCOUNT NUMBER	ĒR
]
7. Do you use a COMPUTER FOR ACCOUNTING ? (See Note 7 and tick one box only) YES NO	_

8. Have you made any ACQUISITIONS yet ? (This is IMPORTANT - please see Note 8)



(Enter date you made your first acquisition)

(Enter the date on which you expect to start)

VAT 1B 00.845N/045(11/82)

 Has the VALUE of your ACQUISITIONS from persons in other EC countries exceeded the registration limit at any time in the calendar year commoncing 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 2 Go to 10
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 OUESTION 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
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 £
14. Declaration
I
I
(Full Name in BLOCK LETTERS)
(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
(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 Proprietor Director
(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

Value Added Tax

VAT Registration Notification

This notification form must only be filled in if you have to register because you are making relevant supplies in the UK and you have no place of business here. Section 7 of VAT Notice 700/4 *Registration for VAT: Non-established taxable persons* gives more information about this and will help you to answer the questions on the form.

Please answer all questions. Write clearly in black ink and use CAPITAL LETTERS

Name

 Sole proprietors - please give your full name. Partnerships - please give your trading name. If you do not have one, give the names of all partners (partnerships must also complete form VAT 2).

Corporate or unincorporated bodies - please give the name of the company, club, association etc.

Yes

2. Do you have a trading name?

No

Please give the trading name of the business.

Business address

3. Please give the address of your principal place of business.

Postcode	Phone number	
	Fax number	

Tax representative

 If you have appointed a tax representative to deal with your VAT matters in the UK please give details below.

Name	
Address	
	Phone number
Postcode	Fax number
C	IB(March 2000)

Status

5.	What is the structure/legal status of the business? (Please tick)			
	Sole proprietor	Partnership		
	Corporate body	(Please give your company incorporation details)		
		Certificate number Date		
	Unincorporated body	Please give details		

Business activities

6. What does your business do or intend to do? Tell us about your current or intended business activities.

۰	

Bank details

7. Please give your UK bank details or your tax representative's bank details.

Sort code	Account number
	or
No bank account (please tick)	Girobank account number

Computer accounts

8.	Is your accounting system computerised?
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Yes (Give details below)	No		
Computer type	 		
Software	 	Version	

Relevant supplies

9. Have you made any relevant supplies yet? (Please tick one box)

	Yes, I made my first relevant supply on No, but I expect to make my first relevant supply on	
VAT1C	IB(March 2000)	

Status: Point in time view as at 22/07/2004.
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)

10.	When did you first have reasonable grounds to believe that you were going to make relevant supplies?
	Date
11.	What value of relevant supplies do you expect to make in the next 12 months?
	£
12.	Do you make any other taxable supplies in the UK?
	Yes No
	If, "Yes", enter the estimated value of all taxable supplies, other than your relevant supplies, that you expect to make in the UK in the next 12 months.
Tran	sfer of assets
13.	Are you registering because VAT has been recovered by a predecessor in connection with the relevant supplies you have made, or intend to make?
	Yes No
	If "Yes", give the name(s) and address(es) of the person(s) who recovered VAT under either the Eighth or Thirteeneth Directive refund schemes.
ſ	[
Exer	nption
14.	Do you want exemption from registration because your relevant supplies are wholly zero-rated?
14.	
14.	Do you want exemption from registration because your relevant supplies are wholly zero-rated?
14.	Do you want exemption from registration because your relevant supplies are wholly zero-rated? Yes No
	Do you want exemption from registration because your relevant supplies are wholly zero-rated? Yes No If "Yes", give the expected value of your zero-rated supplies in the next 12 months.
	Do you want exemption from registration because your relevant supplies are wholly zero-rated? Yes No If "Yes", give the expected value of your zero-rated supplies in the next 12 months. Zero-rated relevant supplies
Othe	Do you want exemption from registration because your relevant supplies are wholly zero-rated? Yes No If "Yes", give the expected value of your zero-rated supplies in the next 12 months. Zero-rated relevant supplies r VAT registrations Are you involved in, or have you (or any other partners or directors in your business) been involved in any
Othe	Do you want exemption from registration because your relevant supplies are wholly zero-rated? Yes No If "Yes", give the expected value of your zero-rated supplies in the next 12 months. Zero-rated relevant supplies TVAT registrations Are you involved in, or have you (or any other partners or directors in your business) been involved in any other businesses in the past 5 years?
Othe	Do you want exemption from registration because your relevant supplies are wholly zero-rated? Yes No If "Yes", give the expected value of your zero-rated supplies in the next 12 months. Zero-rated relevant supplies YAT registrations Are you involved in, or have you (or any other partners or directors in your business) been involved in any other businesses in the past 5 years? Yes No If "Yes", give the names and VAT registration numbers of these businesses.
Othe	Do you want exemption from registration because your relevant supplies are wholly zero-rated? Yes No If "Yes", give the expected value of your zero-rated supplies in the next 12 months. Zero-rated relevant supplies YAT registrations Are you involved in, or have you (or any other partners or directors in your business) been involved in any other businesses in the past 5 years? Yes No If "Yes", give the names and VAT registration numbers of these businesses.
Othe	Do you want exemption from registration because your relevant supplies are wholly zero-rated? Yes No If "Yes", give the expected value of your zero-rated supplies in the next 12 months. Zero-rated relevant supplies YAT registrations Are you involved in, or have you (or any other partners or directors in your business) been involved in any other businesses in the past 5 years? Yes No If "Yes", give the names and VAT registration numbers of these businesses.
Othe	Do you want exemption from registration because your relevant supplies are wholly zero-rated? Yes No If "Yes", give the expected value of your zero-rated supplies in the next 12 months. Zero-rated relevant supplies YAT registrations Are you involved in, or have you (or any other partners or directors in your business) been involved in any other businesses in the past 5 years? Yes No If "Yes", give the names and VAT registration numbers of these businesses.
Othe	Do you want exemption from registration because your relevant supplies are wholly zero-rated? Yes No If "Yes", give the expected value of your zero-rated supplies in the next 12 months. Zero-rated relevant supplies YAT registrations Are you involved in, or have you (or any other partners or directors in your business) been involved in any other businesses in the past 5 years? Yes No If "Yes", give the names and VAT registration numbers of these businesses.

Declaration

16. I declare that the information given on this form and contained in any accompanying document is true and complete.

Signature			Date
Full name			
What is your position	in the business?	(Please tick)	
Proprietor		Partner	Director
Company Secretary		Trustee	Other
			If "Other", give details
Checklist			
 Have you signed 		lion? plete Form VAT 2	

Appointing a tax representative? Remember to complete Form VAT1TR

What to do next

When you have completed and signed the form, please send it to the VAT Registration Unit specified in VAT Notice 700/4 *Registration for VAT: Non-established taxable persons.* If you have any problems completing the form please contact the Registration Unit.

Usually we will register you and give you a VAT registration number within 15 working days of receiving your form, provided you have given all the necessary information.

		D	M Y	Stagger	Status
Local office code					
and registration number					
Name		Trade classifi	cation	Taxable turn	over
Trade hame hall have had					
name Comp. Group Rept. Vol address user Div In	tg. Overseas Intg. EC	Value of Sales to	EC V	alue of Purchases	
Registration Obligatory/Volunt	ary Exemption	Intending	Transfer o	of Regn No	
Approved - Initial/date					
Refused - Initial/date					
Form issued - Initial/date VAT9/ other	VATB	Letter	Approval letter		
TIC					

Regulation 10 declare that all the entered details and information in any accompanying documents å Date Ì Trustee Trustee Director Date (Full name of TAX REPRESENTATIVE in BLOCK LETTERS) (Full name of PRINCIPAL in BLOCK LETTERS) Authorised Official Authorised Official Partner Partner L are correct and complete Compary Secretary Signature of Principal Company Secretary Signature of Tax Representative Tick one box 4. Declaration Tick one bax CD 247574311/921 Proprietor Proprietor Ŵ _ You should read the notes in the registration booklet "Should" (be registered for VAT? - Distance Selfing ' which will help you to answer these questions. --- Who is the business owned by? Please give the persons full name and address of the principal place of business. Please give the date of appointment of Tax Representative and VAT registration number (if any) Appointment of Tax Representative Please give the VAT Registration number in EC country of origin 2. Enter the full name and address of the UK Tax Representative Postcode Postcode Please give the UK VAT Registration number (if arry) Please write clearly in black ink. VAT Registration number _ Date of appointment Phone No. <u> 1</u> . | | Phone No.

Form No. 9

Status: Point in time view as at 22/07/2004. *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)
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VAT 65A

	is it Aef	ns your test application? Il not, please glue arance No.
HIM Customs and Excise	۳.	HM Customs and Excise APPLICATION
Official authority to which the application is addressed	L	8th/13th Directive by a business person not Custom House established in the Community for PO Box 34 REFUND OF LONDONDERRY BT49 7AE VALUE ADDED TAX Northern Ireland Defore filting in)
		Forenames and sumaine or name of time of applicated
	1	Place. country and post code
	2	Neture of applicant a business
	3	Particular's of the Official Authority and taxiousiness Registration No. In the country in which the applicant is established or has herber domicile or normal place of realizance
	4	Period to which the opplication refers Period to which the opplication refers Year Month Year
	6	Total amount of refund requested (In Houres) (see overlead for ferminised 3:27) दि
	ę	The applicant requests the refund of the amount shown in heading 5 in the manner deportbad in heading 7
(*) Inseri x 📂		Method of sathement requested (*) Bank abcount eccount
approonate box		Account in an addition of financial body
	7	Name and address of the financial body
	8	No. of documents enclosed
		The applicant hereby declares (a) that the goods or services specified overfeat were used for the following business activities in the United Kingdom
	9	(b) that in the United Kingdom during the period covered by this application, ha/she engaged in
		;^) no sucpty of goods or services
(*) Insert x		(*) only the provision of services in respect of which tax is payable solely by the person to whom they are supplied
appropriate box		(*) only in the provision of certain exempted transport services ancillary thereto
		(c) that the carticulars given in this application are true
		The applicant undertakes to pay back any monles wrongfully obtained
		At
		NOTE: Box 10 overleaf MUST be completed
VAT 65A	¢	Page 1, F354(January 1994)

Statement Itemising VAT amounts relating to the period covered by this application **10**

Ee nuction sheet, headed with your business registration number, endorsed "Box 10" and attach it firmly 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
				.,,	
			14 . 1		
		Pag	C/F		



26

Status: Point in time view as at 22/07/2004.

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 fax indured may only be claimed subject to the rules of the United Kingdom. Brief details of supplies on which tax cannot be reclaimed are given in HM Customs and Excise Notice 723. Tax incurred on the following supplies dou will not be refunded. (a) supplies of goods which have been or are about to be exported; and (a) supplies to have agents which have been or are about to be exported; and (b) supplies to have agents which the for the direct benefit of fravewers. Under this other to the term "travel agent "includes rour 2;

7	suppries to travel agents which are for the direct benefit of travelers. Under this scheme the term "travel agent "includes to
	operators or any person who purchases or re-supplies services to travellers

Number	Nature of goods or services	Name, VAT Registration Nc. (d known) and address of supplier of goods or services	Date and number of invoice or import document	Amount of lax refund applied for	FOR OFFICIAL USE ONLY
			-	TOTAL B/F	
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		Pa	3e3		

CD 0074/2/NB(01/84)

	Regulation 191(1)(b)
	Ificate of Status of Jusiness Person
The undersigned	ne and address of official authority)
certifies that	(Name of business person)
	(Nature of activity)
	Address of the Establishment)
is a registered business person i	(Name of country)
*his registration number being	
Date	
	Signature
Office date starp	
	(Name and grade)
*If the applicant does not have a state the reason for this.	a registration number, the official authority should
VAT 66A CD 32954N5(07/92)	F 86091)

Regulation 201(a)

de ,	VAT refunds for	Office date stamp
	DIY builders	
H'M Castome and Excise	Serial number of dalm	
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 pon. If you make a mistake, cross it out, insert the correct cetails above it and initial the alteration.

Your full dame	Name of occupant of dwelling (if different)
Il 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 clarming for	2. Your addross (f different)
	Postcode
To which above address should the refund be sent? $\begin{tabular}{ c c c c c } \hline 1 \end{tabular}$	2:
Your doytime phone number Date of completion	Date of cocupation or use
	lh year day month year 19 19
	If Yes', you must give the VAT gistration number here
Is your claim only for goods used to 'fli out' or 'finish off' the building (paragraph 4 of the Notice)?	Yes hu
Summary of Perts 3 and 4	2 p
Total amount of VAT claimed on Part S (Taken from 'VAT paid' colu	mn of Part 3)
Total amount of VAT claimed on Part 4 (Taken from Cabulated VA	T'solunin of Part 4)
Tot	al amount claimed
Deciaration	
I declare that:	
I have read Nokce /19	 Lantionly requiring VAT which was correctly charged to me.
 all the entered details and information on this form and any accompanying documents are correct 	and which I paid, on goods / imported or bought from a VAT registered supplior
 no other claim has been, or will be, made for these supplies 	 planning permission has been granted for the building described in Part 2.
 'the building despribed in Part 2 is to be used solidly for the purposes of the charity named above 	
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,

VAT 431 (Pt 1) LVO copy

sage ?

PERMA December (990)

Weitere Wilco Application

Part 2		uiide Iptic	n of				almant (BLOCK	(LETTE)
Please wri	te in black ink.		\$/ <u>}</u> #1		ke a mislake, cross it o			
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	ungalow, village	ehall		Number of storey		Number of		
<i></i>		<u> </u>		 (Count ground floor as one storey) 	' L	」 reception roo → Number of	2015	
ĺ			ļ	Number of		bathrooms/		
Detechoo	vsemi-detacher	dilamon		bedrooms	!	cloakrooms	L	
Crefacheo	vacini-detaur et	unter aus		Number of	[·	Ground floor	, araa	
				kitchens	L		aica	tt /
Garages					Number and descrip	otion of other ru	ooms	
Built-in	ਿਰ	Single - Iouble		<u>////</u> ////////////////////////////////				
Detached		Single 1	Total 109	ranea +2/* /vf	í			
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those good the quantit	s of materials (s you are clain	used. If ning for, specifier Qu	lf nol, y d. The c	im is only for good ou must list all ma	terials used, even those the folder will help you	e you are not o i to do this.	laiming for. Pie	ase fill i
these good the quantit tem	s of materials (s you are clain	used. If ning for, specifier Qu	lf nol, y d. The c antity	im is only for good ou must list all ma onversion table on	terials used, even those the folder will help you item Paint - undercoating Paint - emulsion	e you are not c i to do this. Quan	laiming for. Pie	ease fill in Litre
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these good the quantit tern Cement Sand Aggregate Lime	s of materials of ds you are clain res in the units	used. If ning for, specifier Qu	lf nol, y d. The c antity	im is only for good ou must list all ma onversion table on Unit Tonnes 'Tonnes/m ² Tonnes/m ²	terials used, even those the folder will help you item Paint - undercoating Paint - emulsion Paint - woodprimer Paint - finishing coat	e you are not c u to do this. Quan	slaiming for. Pie tity nt Unit	aase filt in Litre Litre Litre Litre Numb
those good the quantit tern Cement Sand Aggregate Lime Facing Brit Common E Stocks/and	s of materials of ds you are clain res in the units	used. If ning for, specifier Qu	lf nol, y d. The c antity	im is only for good ou must list all ma onversion table on Unit Tonnes 'Tonnes/m ² Tonnes/m ² Tonnes Number	terials used, even those the folder will help you tern Paint - undercoating Paint - emulsion Paint - emulsion Paint - woodprimer Paint - finishing coat Cold water storage ta Copper cylinder Ironmongery for doors	e you are not c u to do this. Aniou nk	slaiming for. Pie tity nt Unit	Litre Litre Litre Litre Litre Numb Numb Numb
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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, yo						
 Ilist those goods and mate which you have invoices of documents showing VAT separately. Don't include not eligible for the scheme at the back of Notice 719 examples of items not cov the scheme 	items = - the list gives /ered by	 either subtract the amounced in note you receive for relevant invoice entry or in the list and subtract it attach all the original invited or the same order as they are listed as the same order as the same o	rom the o put it in red in from the total th cices and ; Part in the	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 Quantily of goods	3 Supplier's name	4 Invoice number other reference nu (eg Customs entry)	mber VAT paid		
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VAT 431 (Pt 3)

POD: Aluentary 1995)

Carry forward overleat

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E VAT refunds for	Ναπε	of claimant (BLOCK LETTERS)	
DIY builders	┉┛┛┓┈		
Part 4: Goods and materials c			
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where involces don't a	non-negisterisi disi	Yana in the second	

When you fill in this Part, you must:

- tist those goods and materials for which you were charged VAT but the suppliers' invoices do not show it separately. Don't include items not eligible for the scheme - the list at the back of Notice 719 gives examples of items not covered by the scheme
- either subtract the amount of any credit hold 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 involces 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 alterations.

l Brief description of goods	2 Quantity	3 Supplier's	4 Invoice	5 Total ar paid for g	oods	6 Calculate £	
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VAT 431 (Pt 4)

PD064 (January 1980)

Carry forward overleaf

Regulation 21, 22, 23

		Value Added Tax EC Sales list For the period To					
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Before	e you fi Sountry Code	e telephone number is Il in this form please read the notes overleaf. Customer's VAT Registration Number		Total value of su £	ipolies	p	:ind⊨ (cato
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N	umber	of pages completed			s complete page only]	:	
Deci	laratio	n: You, or someone on your behalf, must sign belo	W/				
I		(Full name of signalon) in BLOCK	LETTERS:	,	doo	clare that	t ine
		given above and on any continuation sheets is true					
Şign	ature					19.	, .
Could	i you pi	A false declaration may result in the ease supply a	imposition	of a financial penalty			
Genta	act Narr)e;		Telephone number: .			
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	Regulation 22(6), 2.
for removal from the UK to another Memb See notes overleaf before completing	er State of the European Community
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	
leiephone	
Permanent/Temporary (Delete as applicable) Full address In Member State of Destination	Details of the New Means of Transport Motorised
	Make
	Model
Telephone	Colour
Permanent/Temporary (Delete as applicable)	Registration No.
Are you: a UK Resident? an overseas visitor?	Engine No.
	Chassis/Hull/Altframe No.
(Tick one box)	Invoice No. and date
Are you a serving member YES/NO of HM Forces?	Date of Supply
	Purchase Price
Member State of destination of the New Means of Transport in which VAT will be paid	VAT not paid at lime of supply
Declare that:	
 I have read notice 728 and the notes overleaf; 	I Declare That:
 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; 	 the New Means of Transport described above complies with the definition given in nolice 725 about VAT and the Single Market
 Intend to notify the fiscal authority in that Member State and pay any fax due; 	 the information given above is correct
 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; 	Signature Date Status; Proprieto:/Partner/Director/Company Secretary/Authorised Person
 The information I have given above is correct. 	(Delete as applicable)
Signature	
Date	
VAT 411 (Customs Copy) Paten Pol. (Ja	5 1905i

Regulation	1 2040	(c)

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H M Customs and Exclase

Value Added Tax Flat Rate Scheme for Agriculture

	Application for Certification	
	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)	
z.	Please enter the ADDRESS of your BUSINESS. (See note 2)	
	Postcade Tel No.	
S .	Please describe your BUSINESS INCLUDING NON-FARMING ACTIVITIES. (See note 3)	
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 :	
	Inter you for remem 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	
	Tick one box Proprietor Director Trustee Partner Company AuthorIsed Secretary Official	
	For Official Use	
All'd	Initials and Date	
Refo		

Form No. 15

VAT 98

(30.0.764/M/(0.8620))

FIGRON -

		Regulation 178(1)(a)
പ്പും ന്ത്ത്	Is 1 Rei	Nis your linst application? If not please give eremon VAT 65
		····
and Excee	1	
Competent authority to which the application is addressed	► !	by a business person established in the Community for REFUND OF VALUE ADDED TAX (Prease read the explanatory notes before filling in)
	-	Foreinames and sumerne or neme of from of applicant
	1	Hard La Sala Ala Ala Ala Ala Ala Ala Ala Ala Ala
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	Į	Protection of applicant's to since as
	1.2	Panio lists of the Oillers' Authority and taxbus risks Registration No. in the country in which the applicant is established or has biofiver during or
) 3	normal place of residence
	4	Period to which the application referes
	5	Total amount of reford requested (in ligures) Issee overlaaf for lennised ted
	6	The applicant requests the refund of the amount shown in heading 5 in the manner docentors in heading 7
(*) Insert x	►	Method of settlement requested ("; Bank Postal account account
appropriate box		Account number Code number of linancial body
200		Account in the name of
	17	
	[Name and address of the financial body
		<u>; , , , , , , , , , , , , , , , , , , ,</u>
	B	No. of documents enclosed
		The suplicant hereby declares (a) that the goods or services specified overleaf were used for the following business activities in the United Kingdom
	9	(b) that in the United Kingdom outing the period obvered by this application, he/able engaged is
	ľ	() the supply of goods or services
(') latert s		$\begin{bmatrix} & & \\ & & \\ & & \\ & & \end{bmatrix}$ only the provision of services in respect of which tax is psyable sately by the better to which they are supplied
snithe sopropriate		(", only in the provision of certain exempted transport services and/very thereto
bax		(c) that the particulars gives in this appication are true
		The aspicant undertakes to pay each any immise wrongfully obtained
		A:
		NOTE: Dox 10 overleaf MUST he completed
		Page I.
VAT 65		PC_1/Aq, 1995;

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Status: Point in time view as at 22/07/2004.

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)

10 Statement hemising VAT amounts relating to the period covered by this application

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 sto, 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.

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	Arrount of tax retund applied for	FOR OFFICIAL USE ONLY
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2) You are reminded that when tax is incurred by faxable 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 methed is considering the non-end method method.

VAT 55 1R (06/95)



3) Refunds of tax incurred may only be claimed aubject to the rules of each state. Brief data is of supplies in each mamber state on which tax cannol be reclaimed are given in HM Customs and Excise Notice 723. Tax incurred on the following supplies with not be refunded by any member state: (a) supplies of goods which have been or are about to be excerted; and

(ь)	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 geode of services	Name, VAT Registration No. (if known) and address of supplier of goods of services	Date and number of involce or import document	Amount of tax refund applied for	FOR OFFICIA USE ONLY
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VAT 66 - (05/25)

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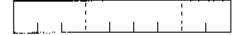
H M Customs end Excese Certificate of Status of Taxable Person

The undersigned

(Name of local VAT office)

Regulation 178(1)(b)(i)

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



Date

	Otlice stamp	Signature
		(Name and grade)
VAT 66	CD 1017/N8(07/91)	F 50371)

[^{F6}Form No. 17CERTIFICATE REQUIRED TO SECURE RELIEF FROM VAT ON PURCHASED OR ACQUIRED GOODS INTENDED TO BE PLACED IN A FISCAL WAREHOUSING REGIME

Information to be indicated:

Ι	(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

F6 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:

Ι	(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 elgible for zero-rating.]

Textual Amendments

F6 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 22/07/2004.

Changes to legislation:

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