### SCHEDULE 1

Regulation 5(1)

### **Commencement Information**

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

# **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

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

|        |   | - <u> </u> |   |   |
|--------|---|------------|---|---|
|        |   |            |   |   |
| Liitan | • |            | • | ' |

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

| <br>;<br> | ┆<br><mark>╅╶╄╾╟╾╟╼┟╼┢╼</mark> ┟╴╄╴┵╶┸╶╄ |  |
|-----------|--|--|
|           | ╃╺╼┻ <u>┛┉╋</u> ┷╋╼┹┯┸┯┸╶╴               |  |
|           |  |  |

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### 3. Enter the address of your PRINCIPAL PLACE OF BUSINESS

|   |                         |                        |                          |                   | · · · · · |  |
|---|-------------------------|------------------------|--------------------------|-------------------|-----------|--|
|   | 1                       |                        |                          |                   |           |  |
|   |                         |                        |                          |                   |           |  |
|   |                         |                        |                          |                   |           |  |
| Phone No.                                       |                         |                        | ┝─ <b>┖</b> ╶└╶┊╶└─<br>╵ |                   |           |  |
| <b>[</b> ]                                      |                         |                        | $\mathbf{H}$             |                   | ┝┻┻┻╋     | <u> </u>                                     |
|   |                         |                        |                          |                   |           |  |
| 4. Describe your main BUSINESS A                |                         | ul L pleasé <i>l</i> é | as note 41               | Postc             | ode (     |  |
| 4. Destable you main booincoo A                 |                         | onn biegse (s          | 66 HC(8 H)               |                   |           |  |
|   |                         |                        |                          | ·                 |           |  |
|   |                         |                        |                          |                   |           |  |
|   |                         |                        |                          |                   |           |  |
| 5. Who is the BUSINESS OWNED by                 | v ? tsee note !         | and tick ON            | BOX only1                | ·····             |           |  |
| 5. 7110 IS (10 BOOIT 200 01. 148 5)             | , . (                   |                        |                          |                   |           |  |
| Sole Proprietor                                 |                         |                        |                          |                   |           |  |
|   |                         |                        |                          |                   |           |  |
| or Partnership If pa                            | intriership plea        | se ensure you          | ALSC compl               | ete form VAT      | 2         |  |
|   |                         |                        |                          |                   |           |  |
| or Limited Company Pleas                        | se enter defail:        | s from Compa           | ny Incorporati           | ion Cerlificate   | bełow.    |  |
| Certificate Nur                                 | mhar                    |                        |                          | te of certificat  | <b>a</b>  |  |
|   |                         | · · ·                  | ]                        | tte of certificat |           | <u>    i                                </u> |
|   |                         | ſ <b></b> ······       |                          |                   |           |  |
| or Other Pe                                     | ase give <b>delai</b> k | 5                      |                          |                   |           |  |
| 6. Was your BUSINESS TRANSFER                   | BED to you o            | r vour comoar          | w as a GOIN              | CONCERN           | ,         |  |
|   |                         | i yaan oompa           | ., us u ciont            |                   |           |  |
| YES NO II'                                      | YES, enter the          | date of trans          | ier                      |                   | and also  |  |
| Enter the PREVIOUS OWNER'S nam                  |                         |                        |                          |                   |           |  |
| Enter the PREVIOUS OWNER'S har                  |                         |                        |                          |                   |           |  |
|   |                         |                        |                          |                   |           |  |
| and VAT REGISTRATION NUMBER                     |                         |                        | !                        |                   |           |  |
|   | 1 2,                    | <u> </u>               |                          |                   |           | 7  |
| Do you want to RETAIN the VAT NUI               | MBER of the p           | vievious owne          | 17                       | YES               |           | (see note 6)                                 |
| If you tick YES then both you and the           | previous own            | er MUST also           | complete for             | n VAT 68          |           |  |
| 7. Enter EITHER your BANK SORT (                | XODE and                | ACCOUNTI               | UMBER                    | or your GIBC      |           | UNTINUMBER                                   |
| The Ender Former your contact each of           |                         |                        |                          |                   |           |  |
|   |                         |                        |                          |                   |           |  |
|   |                         |                        |                          |                   |           |  |
| <ol> <li>Do you use a COMPUTER FOR A</li> </ol> | CCOUNTING               | 7 (see note 8          | and tick one b           | ox only) 🦄        | (ES N     | ° 📋  |

| 9. Please read NOTE 9 in the leaflet before you answer this question  |
|---|
| Have you made any TAXABLE SUPPLIES yet?   |
| YES A MADE my first supply on Go to 10  |
| NO But I INTEND TO start on   |
| You must enclose EVIDENCE to support your application. Go to 11   |
| 10. Has the VALUE of your business's TAXABLE SUPPLIES in the last 12 months OR LESS exceeded the registration<br>Ilmit? (see note 10) |
| YES Go to 12 NO Go to 11  |
| 11. Will the TOTAL value of TAXABLE SUPPLIES which you will make in the NEXT 30 DAYS exceed the registration<br>limit ?               |
| YES Go to 12 NO Go to 13  |
| 12. If the answer to EITHER QUESTION 10 or 11 is YES from what date MUST you be REGISTERED for VAT?                                   |
| (see note 12 - this is VERY IMPORTANT)  |
| I am REQUIRED to be registered from   |
| But I would LIKE TO BE registered from this earlier date  |
| 13. I am NOT REQUIRED to be registered but I WISH TO BE registered from   |
| 14. Please enter the ESTIMATED VALUE of TAXABLE SUPPLIES you expect to make in the next 12 months                                     |
| 15. What VALUE of GOODS are you likely to SELL 2 BUY 2 BUY 2 Logare blank if NIL)   |
| 16. Do you wish to request EXEMPTION from registration because all your supplies are ZERO RATED?                                      |
| YES and my ZERO RATED supplies amount to 2 in the next 12 months  |
| NO  |
| 17. Do you expect to be ENTITLED to REGULAR REPAYMENTS of VAT? (Tick one box) YES NO  |
| 18. Are there any other VAT REGISTRATIONS in which you are involved (see note 18 if in doubt)?  |
| YES If YES please enter the registration (Please continue on numbers in the boxes provided.   |
| NO pecessary)   |
|   |
| 19. YOU MUST COMPLETE THE FOLLOWING DECLARATION IN FULL (see note 19)   |
| I   |
| Signature Dale  |
| Tick ONE box Proprietor Director Trustee  |
| Panner Company Secretary Authorised Official  |

Form No. 2

| ~   | ALLE LAT Detail                           | 15   |   |                                       | For official use only<br>Date of receipt |
|-----|---|--|---|---------------------------------------|--|
| A N | arther                                    | Each partni<br>Ptease star<br>space betw<br>Ptease use | er should complete one of the section<br>t at the beginning of each I ne and le<br>een words.<br>BLOCK CAPITALS and write clearly | ave a                                 | Registration No. (where known)           |
| 1   | Partner details <sup>,</sup><br>Full name |  |   | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · ·    |
|     | Home address                              |  |   |                                       | · · · · · · · · · · · · · · · · · · ·    |
|     | Home telephone                            |  | <u></u>   |                                       | · · · · · · · · · · · · · · · · · · ·    |
|     | Signature                                 |  | Date  |                                       | Postcude                                 |
|     | Partner details                           |  |   |                                       |  |
| 2   | Full name                                 |  | • • • • • • • • • • • • • • • • • • •   | ,<br>                                 |  |
|     | Home address                              |  | · · · · · · · · · · · · · · · · · · ·   |                                       | · · · · · · · · · · · · · · · · · · ·    |
|     | Home telephone                            | ]  |   | · · · ·                               | · · · · · · · · · · · · · · ·            |
|     | Signature                                 |  | Date  |                                       | Postcode                                 |
|     | Partner details                           |  |   |                                       |  |
| 3   | Full name                                 |  | · · · · · · · · · · · · · · · · · · ·   |                                       | · · · · · · · · · · · · · · · · · · ·    |
|     | Home address                              |  |   | ····                                  | · · · · · · · · · · · · · · · ·          |
|     | Home telephone                            |  |   |                                       | · · ·                                    |
|     | Signature                                 |  | Date  |                                       | Postcode                                 |
| 4   | Partner details                           |  |   |                                       |  |
| 1   | Fulliname                                 |  |   |                                       | · · · · · · · · · · · · · · · · · · ·    |
|     | Home address                              |  |   |                                       | · · · · · · · · · · · · · · · · · · ·    |
|     | Hame telephone                            |  |   |                                       | · · · · · · · · · · · · ·                |

|           | Partner details |  | والمتحدي المتركة بالمتركة بالتنزية بزرياني كالأ |
|-----------|-----------------|--|---|
| 5         | Full name       | · · · · · · · · · · · · · · · ·                              |   |
|           | Home address    |  | ┙╋╸┶╋╸┶╋╸┶╋╸╋╺╋╴╵┉╵╵╌┨╴┖╴╵╶╵                    |
|           | Home telephone  | <mark>} · </mark>  | · · · · · · · · · · · · · · · · · · ·           |
|           | Signature       | Date   | Postcode  |
|           | Partner details |  |   |
| 6         | Full name       | ╷<br>╷<br>╵╴╵ <u>╼╵╹<sub>┍┙</sub>╴┟╷╵╶</u> ╵╵╷╵╵ <u>╼┟╶┙</u> | ······································          |
|           | Home address    |  |   |
|           | Hame telephone  | ·····  | ······························                  |
|           | Signature       |  |   |
|           | Partner details |  |   |
| 7         | Full name       |  | · · · · · · · · · · · · · · · · · · ·           |
|           | Home address    |  | ······································          |
|           | Homeitelephone  | ╾╸╸<br>╺<br>╺  |   |
|           | Signature       | Date   | Postcode  |
|           | Partner details |  |   |
| 8         | Full name       | · · · · · · · · · · · · · · · · · · ·                        | · · · · · · · · · · · · · · · · · · ·           |
|           | Home address    | • · · · · · · · · · · · · · · · · · · ·                      | · · · · · · · · · · · · · · · · · · ·           |
|           | Home telephone  | ······································                       |   |
|           | Signature       | Date   | Postcode  |
|           | Partner details | · ···· · · · · · · · · · · · · · · · ·                       |   |
| 9         | Full name       |  | ·-····································          |
|           | Home address    |  |   |
|           | Home telephone  | ····   | ·····   |
|           | Signature       | Date   | Pesteode  |
| CD 305370 | N9(07/94)       |  |   |

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

| *J/We took over a business as a going concern on   | *L'we transferred a business as a going concern on  |
|--|---|
| date 19  | date - 19   |
| from (nume of previous owner)  | to (hatthe of new owner)  |
| *i/we *enclose/itave already returned Form VAT 1, and apply to<br>use the previous owner's VAT registration number   | From that date *I and/we are no longer liable or eligible to<br>be registered or *I/we withdraw *my/our request for<br>voluntary registration. *I/we agree to the VAT registration<br>number shown opposite being allocated to the new owner. |
| If the application is granted "If we agree:  | If the application is granted *1/we declare that:   |
| <ul> <li>to send *my/our first VAT return to Contoms and Excise<br/>with nil the VAT due for the whole period covered by the<br/>return</li> </ul>   | <ul> <li>the new owner will be entitled to reclaim any loper lax<br/>which *I/we could have reclaimed if the registration number<br/>had not been transferred</li> </ul>  |
| <ul> <li>to send in any returns the from but not roade by the<br/>previous owner</li> </ul>  | • any payment made by Customs and Excise to the new<br>owner will satisfy any right *I/we have to that money  |
| <ul> <li>to pay Customs and Excise, when asked, any VAT due<br/>on supplies made by the provious owner before the business<br/>was transferred - including any VAT on stocks and assers<br/>kept by the previous owner.</li> </ul> | • *I/we have retained stocks and assets valued at<br>. including VA1:<br>I/we can be contacted at the following address after the date  |
| <ul> <li>that any return made in the previous owner's name for a<br/>period after the transfer date will be regarded as made by<br/>"metos</li> </ul>  | of transfer:  |
| <ul> <li>that any payment made by Customs and Excise to the<br/>previous owner before the realiocation of the registration<br/>number will satisfy any right "i/we have to that money.</li> </ul>                                  | ·····   |
| Signature(s)   | Signature(s)  |
|  |   |
| (Proprietor, partners, director, company secretary)  | (Proprietor, partners, director, company secretary, executor)   |
| date 19  | date 19   |
| adulate as neccasary   | *delete us necessary  |

|                          | Value Added Tax Return<br>For the period<br>to | Regulation 25(1)  |
|--------------------------|--|---|
| HM Customs<br>and Excise |  | Registration number Period  |
| Γ                        | ٦  | You could be liable to a financial penalty<br>if your completed return and all the VAT<br>payable are not received by the due date. |
|                          |  | Due date:   |
| e E                      |  | For<br>official<br>use<br>D D R<br>oniy   |
| Loc Lec                  |  |   |

Before you fill in this form please read the notes on the back and the VAT leaflet "Filling in your VAT return". Fillin 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  |
|   | VAT due in this period on acquisitions from other 2<br>EC Member States  |
|   | Total VAT due (the sum of boxes 1 and 2) 3   |
|   | VAT recaimed in this period on purchases and other inputs 4 (including acquisitions from the EC)   |
|   | Net VAL to be paid to Quatoms or replained by you 5 (Difference between boxes 3 and 4)   |
|   | Total value of sales and all other outputs excluding 6   |
|   | any VAT. Include your box 8 figure 0 0 00 00 00 00 00 00 00 00 00 00 00 0  |
|   |  |
|   | Total value of all acquisitions of goods and related services, a   |
|   | excluding any VAT, from other EC Member States       100         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. |
|   | DECLARATION: You, or someone on your behalf, must sign below.  |
| you are enclosing<br>a payment please<br>tick this box. | I,declare that the<br>(Full name of signatory in BLOCK LETTERS)  |
|   | information given above is true and complete.  |
|   | A false declaration can result in prosecution.   |
| AT 100 (5.1)  | PQJ(April 1986)  |

|                            |  | Regulations 23, 25(   |
|----------------------------|--|---|
|                            | Final Value Added Tax Return<br>For the period<br>to                                       | For Official Use  |
| HM Customs<br>and Excise   |  | Registration number Period  |
|                            |  | 9999  |
| $\left\lceil \right\rceil$ |  | You could be liable to a financial penalty<br>if your completed return and all the VAT<br>payable are not received by the due data. |
|                            |  | Due date:   |
| L                          |  | For<br>official<br>US <del>C</del><br>DOR   |
|                            |  | only  |
|                            |  |   |
|                            |  |   |
|                            |  | VAT leaflet "Flifing in your VAT return". Fill in all boxes clearly   |
|                            | 'none' where necessary. Don't put a dash or leave any b<br>ore than one amount in any box. | ox blank. If there are no pence write "00" in the pence column.   |

|   |   | <u> </u> |  |  |  |  |
|---|---|----------|--|--|--|--|
| For olficial use  | VAT due in this paned on sales and other outputs 1  | :<br>1   |  |  |  |  |
|   | VAT due in this period on acquisitions from other 2<br>EC Member States   | :        |  |  |  |  |
|   | Total VAT due (the sum of boxes 1 and 2) 3  | :        |  |  |  |  |
|   | VAT reclaimed in this period on purchases and other inputs<br>(including acquisitions from the EC)                                  |          |  |  |  |  |
|   | Net VAT to be bein to Customs or rectained by you. 5<br>(Ortherando between boxes 3 and 4)  | !<br>!   |  |  |  |  |
|   | Total value of sales and all other outputs excluding  |          |  |  |  |  |
|   | any VAY. Include your box & figure  | 00       |  |  |  |  |
|   | Total value of purchases and all other inputs excluding<br>any VA7. Include your box 9 figure                                       | 00       |  |  |  |  |
|   | Total value of all supplies of goods and related services.<br>excluding any VAT, to other EC Member States                          | 00       |  |  |  |  |
|   | Total value of all acquisitions of goods and related services. 9<br>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. |          |  |  |  |  |
|   | DECLARATION: You, or someone on your behalf, must sign below.   |          |  |  |  |  |
| f you are enclosing<br>a payment please<br>tick this box. | I,  |          |  |  |  |  |
|   | information given above is true and complete.   |          |  |  |  |  |
|   | Signature   |          |  |  |  |  |
|   | PCU(April 1986)   | <u> </u> |  |  |  |  |
| /AT 193   |   |          |  |  |  |  |

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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 NAME of the UK TAX REPRESENTATIVE (see note 2)   |
|---|
|   |
|   |
|   |
| <ul> <li>3. Please give the ADDRESS of the TAX REPRESENTATIVE or the ADDRESS of the PERSON NAMED at box 1 if a<br/>tax representative has not been appointed</li> </ul>                                 |
|   |
|   |
| Phone No.   |
|   |
|   |
| 4. Describe your main_BUSINESS ACTIVITY IN FULL please (See note 4)   |
| ······································  |
|   |
|   |
| 5. Who is the BUSINESS OWNED by ? (See Note 5 and tick ONE BOX only)  |
| Sole Proprietor   |
| or Partnership Please ensure you ALSO complete form VAT 2.  |
| or Limited Company  |
|   |
| 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? |
| YES and I exceeded the threshold on Go to 10  |
| NO Go to 9  |
|   |

| 9. | Have you exercised the OPTION TO MAKE THE PLACE OF SUPPLY THE UK, although you have NOT exceeded |
|----|--|
|    | the UK threshold? (see note 2)   |

| 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

|              | •      |                         | · ·                |  |
|--------------|--------|-------------------------|--------------------|--|
|              | ┷┷┷┷┲┷ | <del><sub>┣</sub></del> | ┍₋└╷╢╴┴ <u>╶</u> ┧ |  |
| $\downarrow$ |        |                         |                    |  |
|              |        |                         | • •                |  |

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

|  | ,<br>,<br>, | · · · · · |     |
|--|-------------|-----------|-----|
|  | •           | -         | ' ' |
|  |             |           |     |

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

|           |   | i | L | L | I |   | L | L |   | I | Ŀ | r | 1  | 1 |   | - | I |   | 1 | L  | í  | 1  | 1  | I | ī | ÷ |   | : | 1 |   |
|-----------|---|---|---|---|---|---|---|---|---|---|---|---|----|---|---|---|---|---|---|----|----|----|----|---|---|---|---|---|---|---|
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|           | [ | ! | ı | I | I | - | I | I | ī | 4 | ; | i | -  | 1 | 1 | ; |   | 1 | 1 | 1  |    | I  | 1  | 1 |   | - | I | 1 | I | 1 |
| Phone No. |   | 1 | 1 | 1 | 1 | ļ | 1 | 1 | L | 1 | ; | 1 | ;  | 1 | _ | ł | 1 | 1 |   | 1  | 1  | 1  | 1  | 1 | 1 | ÷ | 1 | 1 | 1 |   |
|           |   | i | I | I | I |   | I | I | 1 | I |   | ŧ | 4  | I | 1 | ł | I | I | ; | I  | -  | 1  | 1  | 1 | 1 | ; | 1 | : | I |   |
|           |   |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   | P | os | cô | de |    | 1 | 1 | i |   | 1 | 1 |   |

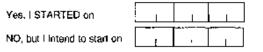
4. Describe your main. BUSINESS ACTIVITY IN FULL please (See note 4).

| 1 |             |      |           |       |
|---|-------------|------|-----------|-------|
| 1 |             |      | ·         | · · · |
| L | <br><b></b> | <br> | <br>····· |       |

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

| Sale Proprietor        |        |  |
|------------------------|--------|--|
| or Partnership         |        | Please ensure you ALSO complete form VAT 2.                        |
| or Limited Company     |        | Please enter details from Company Incorporation Certificate below. |
|                        |        | Number Date Date   |
| or Other 🔸             |        | Please give delails  |
| 6. Enter EITHER your E | BANK S | ORT CODE and ACCOUNT NUMBER or your GIROBANK ACCOUNT NUMBER        |
|                        |        |  |
| 7. Do you use a COMPU  | UTER F | OR 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)



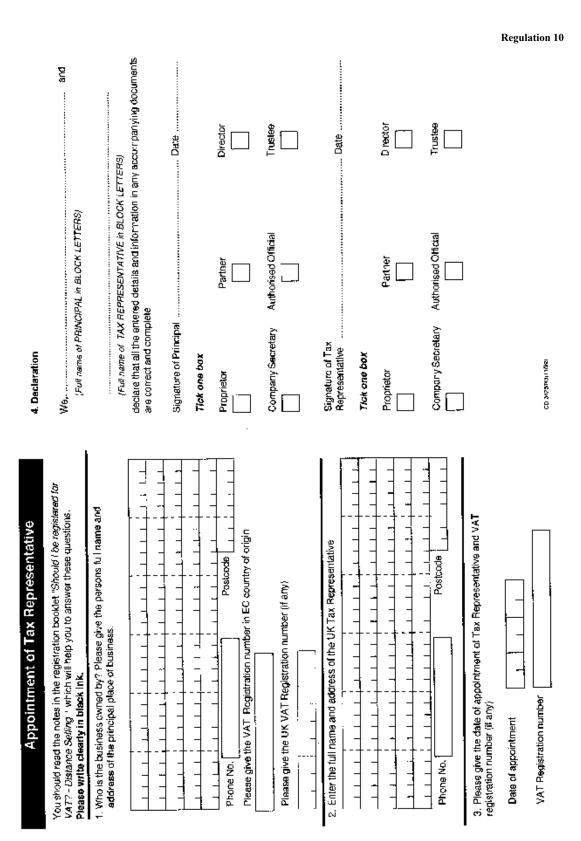
(Enter date you made your first acquisition)

(Enter the date on which you expect to start)

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

9. 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 Lexceeded 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<br>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. I am NOT REQUIRED to be registered but I WISH to be registered from  |
| 12. Do you make taxable supplies in the UK?<br>YES Please enter the ESTIMATED VALUE OF TAXABLE SUPPLIES  |
| you have made in the last 12 months £  |
|  |
|  |
| 13 Do you wish to request EXEMPTION from registration because all your acquisitions are ZERO-RATED?  |
| Yes and my zero-rated acquisitions amount to £   |
| No   |
|  |
| 14. Declaration  |
| (Full Name in BLOCK LETTERS)   |
| declare that all the entered details and information in any accompanying documents are correct and complete  |
| Signature  |
| Tick one box   |
| Proprietor Partner Director  |
| Company Secretary Authorised Official Trustee  |
| CD \$48027Wgmx9c;  |
| Form No. 8   |



Form No. 9

16

| Regulation | 191(1) |
|------------|--------|
|------------|--------|

VAT 65A

| do<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante<br>Alimante | is it<br>An | sthis yountest application? If not, please give<br>leferance No.   |            |              |            |            |
|--|-------------|--|------------|--------------|------------|------------|
|  | <u> </u>    |  |            |              |            |            |
| M M Customs<br>and Excise  | I           | HM Customs and Excise VAT Overseas Repayments  | АРР        | LICATI       | ON         |            |
| Official   |             | 8th/13th Directive by  | a busir    | ness pe      | mmuni      |            |
| authority<br>to which the  |             | PO Box 34  | RE         | FUND C       | DF .       | ,          |
| application<br>is addressed  | L           | LONDONDERRY BT49 7AE (Please )   | read #     |              | anatory    | notes      |
|  |             |  | DGIOI      | e mony       |            |            |
|  |             | Foremannes án disumháinte or nainte öf línn of applicaint  |            |              |            |            |
|  | 1           |  |            | <b></b> ;    | <b></b>    | 1.         |
|  | L           | Place, country and post code   |            |              | <u> </u>   |            |
|  | 2           | 2 Native of applicant's business Particulars of the Official Authority and textouriness Registration No. In the country in which the applicant is setable  | No benetic | has his h    | er dorneil |            |
|  | 3           | normal place of residence  |            |              |            |            |
|  | 4           | 4 Period to which the application refers   | Month      | year<br>Year | Month      | °o<br>Veer |
|  | 6           | 5 Total amount of refund requested (in Nguras;<br>(see overlaal far itemsed 192) £   | r 1        |              |            |            |
|  | ę           | 6 The approximiting the refund of the amount shown in heading 5 in the meaner departed in heading 7  |            |              |            |            |
| (*) Insert x   |             | Method of asthement requested (*) Bank Poetal approved ap |            |              | -          |            |
| appropriate<br>box   |             |  |            |              |            |            |
|  |             | ער אין   |            | $\geq$       | >          |            |
|  | 7           | 7 None and address of the financial body   | ┛╻╹┝       | $\geq$       |            |            |
|  |             |  |            |              |            |            |
|  |             |  | <b></b>    | <u> </u>     | L I L.     | ·          |
|  |             | <mark></mark>  |            |              |            |            |
|  | 8           | No. of documents enclosed  | 8          |              |            |            |
|  |             | (a) that the goods or services specified overteat were used for the following business activities  | is in the  | United I     | Kingdom    |            |
|  |             |  |            |              |            |            |
|  |             |  | •••••      |              |            |            |
|  |             | (b) that in the United Kingdom during the period covered by this application, he/she engaged   |            |              |            |            |
|  | 9           | g (b) (the true of the true prior carry in period card by the approximation, here are any age.   |            |              |            |            |
| (*) inseri x   |             | () only the provision of services in respect of which tax is payable solely by the p   | erson k    |              | lhav ora   | turneliad  |
| in the appropriate   |             |  |            |              |            | ****       |
| box  |             |  |            |              |            |            |
|  |             | (c) that the certiculars given in this application are true.<br>The applicant undertakes to pay back any moniles wrongfully obtained.  |            |              |            |            |
|  |             |  |            |              |            | I          |
|  |             | At   | sturn)     |              |            |            |
|  |             | NOTE: Box 10 overleaf MUST be completed  |            |              |            |            |
| VAT 65A  | ¢           | CD 0074h/M800154i Page 1, 1994i 1994i  |            |              |            |            |

# **Statement Itemising VAT amounts relating to the period covered by this application** Element sheet, headed with your business contraction

Ee nuction sheet, headed with your business registration number, endorsed "Box 10" and attach it firmly to the application form.

| Number | Nature of goods<br>or services | Name, VAT Registration No. (If known)<br>and address of supplier of goods or services | Date and number of invoice<br>or import document | Amount of tax refund<br>applied for | FOR OFFICIAL<br>USE ONLY |
|--------|--------------------------------|---|--|-------------------------------------|--------------------------|
|        |                                |   |  |                                     |                          |
|        |                                |   |  |                                     |                          |
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|        |                                |   | 14 . 1   |                                     |                          |
|        |                                |   |  |                                     |                          |
|        |                                | Pag   | C/F  |                                     |                          |



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;

| 1 | suggries to travel agents which are for the direct benefit of travelers. Under this scheme the term "travel agent "ine uper teur |
|---|--|
|   | operators or any person who purchases or re-supplies services to travellers  |

| Number | Nature of goods<br>or services | Name, VAT Registration Nc. (d known)<br>and address of supplier of goods or services | Date and number of invoice<br>or import document | Amount of lax refund<br>applied for | FOR OFFICIAL<br>USE ONLY |
|--------|--------------------------------|--|--|-------------------------------------|--------------------------|
|        |                                |  |  | TOTAL B/F                           |                          |
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|        |                                |  |  |                                     |                          |
|        |                                | Pa   | 2⇔3 TOTAL  |                                     |                          |

CD 0074/2/NB(01/84)

|  | Regulation 191(1)(b)                                 |
|--|--|
|  | Ificate of Status of<br>Iusiness Person              |
| The undersigned(Nar  | 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 starep   |  |
|  | (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(D7/92)                                    | F 86091 )  |

### **Regulation 201(a)**

| , da                      | VAT refunds for        | Office date stamp |
|---------------------------|------------------------|-------------------|
|                           | Dly builders           |                   |
| H M Castome<br>and Excise | Serial nember of alaim |                   |
| (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 came  | 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 address ( f different)   |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| i I I'' I I I Postcode  | i I Postcode I   |  |  |  |  |
| To which above address should the refund be sent? $\boxed{1}$   | 2:   |  |  |  |  |
| Your daytime phone number Date of completion  | Date of cocupation or use  |  |  |  |  |
| dey mont  | h year day month year<br>19 19   |  |  |  |  |
|   | / Yes', you must give the VAT  |  |  |  |  |
| Is your claim only for goods used to 'fit out' or 'finish off' the building (paragraph 4 of the Notice)?                    | Yes Nu   |  |  |  |  |
| Summary of Perts 3 and 4  | £ p  |  |  |  |  |
| Total amount of VAT claimed on Part \$ (Taken from 'VAT paid' colu-   | mn of Part 3)  |  |  |  |  |
| Total amount of VAT claimed on Part 4 (Taken from 'Calculated VAT   | T'solumin of Part 4)   |  |  |  |  |
| Tota  | al amount claimed  |  |  |  |  |
| Declaration   |  |  |  |  |  |
| l declare that  |  |  |  |  |  |
| I have read Nokce /19   | <ul> <li>Lam only requiring VAT which was correctly charged to me.</li> </ul>                      |  |  |  |  |
| <ul> <li>all the entered details and information on this form and any<br/>accompanying documents are correct</li> </ul>     | and which I paid, on goods / imposed or baught l/orn a VAT registered supplier                     |  |  |  |  |
| <ul> <li>no other claim has been, or will be, made for these supplies</li> </ul>  | <ul> <li>planning permission has been granted for the building<br/>described in Part 2.</li> </ul> |  |  |  |  |
| <ul> <li>'the truitding described in Part 2 is to be used solely for the<br/>purposes of the charity named above</li> </ul> |  |  |  |  |  |
| Signature of person making the plaim  | 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

page ?

PERMA December (990)

Weitere Wilco Apro Cablo

| <b>A</b>  | VAT<br>DIV.)   |   |                             |              |   | - 0  | Na<br>  | ime of claimant   | (BLOCK LETTE)   |
|---|--|---|-----------------------------|--------------|---|--|---|---|---|
| /川助<br>Part 2   | : Desc   | ripti   | on                          | oft          | ulidino<br>Nertais (  | and quant  |   |   |   |
| Please wri  | ite in black inl   | k.  |                             |              | lf you ma   | ke a mislake, cross<br>The cersor  |   |   | ect details above<br>initial the alteration   |
| Descriptio  | on of building   | 9   |                             | ы            | lumber of storey  | ·  |   | mber of   |   |
| Type eg b   | ungalow, villa   | agehall   |                             |              | Count ground floo   |  |   | sption rooms  |   |
| ļ   |  |   |                             | 1            | s one storey)   | L.<br>   |   | nber of   | · · · · · · · · · · · · · · · · · · ·   |
|   |  |   |                             |              | lumber of   |  |   | hrooms/   |   |
| Detached  | vsemi-detach   | ed/temac  | ed                          |              | edrooms   |  | J cloa  | akrooms   |   |
|   |  |   |                             |              | umber of<br>tchens  |  | Gro   | ound floor area   | 1   |
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| Garages<br>Built-in   | Number   | Single 1  | Tieles                      | Anuorare     | a _2,-1   | Number and de  | асприон с   | a outer rooms   |   |
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|   |  | s uşed. I                                       |                             |              | is only for good  | ls used to 'fit out' or<br>terials used, even t  |   |   |   |
| those good  | ds you are cla   | is uşed. I<br>aiming fo                         | r. If no                    | al, you      | is only for good<br>must list all ma  | terials used, even t   | those you   | are not claimin   |   |
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# Part 3: Goods and materials claimed for where the Invoices show VAT separately

| <ul> <li>When you fill in this part, y</li> <li>Ilst those goods and mat<br/>which you have invoices<br/>documents showing VA<br/>separately. Don't includ<br/>not eligible for the schen<br/>at the back of Notice 715</li> </ul> | erials for<br>or import<br>T<br>e items<br>ne - the list | <ul> <li>either subtract the amore credit note you receive relevant invoice entry of in the list and subtract</li> <li>attach all the original in</li> </ul> | out any<br>insert th<br>them.Th   | e write in black ink, cross<br>ny mistakes you make and<br>the correct details above<br>The person making the<br>must initial the alterations. |                    |            |
|--|--|--|---|--|--------------------|------------|
| examples of items not co   | overed by  | import documents to the same order as they are   | is Part in the  |  |                    |            |
| f<br>Brief description of goods  | 2<br>Quantily<br>of goods                                | 3<br>Supplier's<br>name  | <ol> <li>Invoice numb<br/>other reterence<br/>(eg Customs en</li> </ol> | number   | 5<br>VAT paid<br>१ | þ          |
|  |  |  |   |  |                    |            |
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|  | •  | Total  |   |  |                    |            |

VAT 431 (Pt 3)

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Carry forward overlea!

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|-------------|-----------------|--|----------------------------------|-----|
|             |                 | · · · · · · · · · · · · · · · · · · ·    |                                  |     |
| SE VAT      | refunds for     |  | Name of claimant (BLOCK LETTERS) |     |
|             | builders        |  |                                  |     |
| /man a      | Duiddeis        |  |                                  |     |
|             |                 |  |                                  |     |
| Part 4: 600 | ds and material | s claimed for                            |                                  |     |
| .wher       | e invoices don  | tenew wat see a                          | ately                            |     |
|             |                 | 1776 T. 1975 (1975 (1978 1)              |                                  | 3 M |

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 /19 gives examples of items not covered by the scheme
- either subtract the amount of any credit note you receive from the relevant invoice entry or put it in red in the list and subtract it from the total
- attach all the original 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.

| 1<br>Brief description of goods | 2<br>Quantity<br>of goods | 3<br>Supplier's<br>name | 4<br>Invoice<br>number | 5 Total arnour<br>paid for goods<br>£ p | nt 6<br>Calcula<br>£ | red VAT               |
|---------------------------------|---------------------------|-------------------------|------------------------|---|----------------------|-----------------------|
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VAT 431 (Pt 4)

PDD04 (January 1990)

Carry forward overleaf

### Regulation 21, 22, 23

| A E  | lue Added Tax<br>C Sales list<br>For the period<br>To |              |          |          |                    |              |                                       |                     |           |                      |
|--|---|--------------|----------|----------|--------------------|--------------|---------------------------------------|---------------------|-----------|----------------------|
| HM Customs<br>and Exper  |   |              |          | VAT Reg  | stration N         | umber        |                                       | Br                  | anch/su   | osidiary<br>dentifie |
|  |   | GB           | [        |          |                    |              |                                       |                     |           |                      |
|  |   |              | Vou c    | ould be  | liable to a        | finan        | ciel ne                               | maitv               | [         |                      |
| Г  |   |              | If you   |          | eted listing       |              |                                       |                     |           | endar<br>Jarter      |
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| L  |   | l            |          |          | For<br>official    |              |                                       |                     |           |                      |
| four Vat Office telephone number<br>Sefore you fill in this form please<br>Country<br>Code<br>Custom | ar is   |              |          |          | USE<br>DOR<br>only |              |                                       |                     |           |                      |
| Sefore you fill in this form please  | read the notes ove                                    | erleal.      |          |          | <b>·</b>           |              |                                       |                     |           |                      |
| Caunity<br>Code Custom   | er's VAT Registratio                                  | on Number    |          |          | Tot                | al valu<br>£ |                                       | ipolies             | р         | ind⊢<br>cator        |
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| <sup>12</sup>  | <u>                                     </u>          | <u> </u>     |          |          | !                  | i            |                                       |                     | ·L.       | <u>0</u>             |
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| Number of pages completed  |   |              |          |          |                    |              |                                       | s comple<br>page or |           | :                    |
| Declaration: You, or someon-   | e on your behalf, m                                   | iustsgribe   | low      |          |                    |              |                                       |                     |           |                      |
| I  | /Full carse of Sur                                    | alco in BLOC | e del te | BS:      |                    |              | · · · · · · · · · · · · · · · · · · · |                     | lociare t | hat the              |
| information given above and or   |   |              |          |          |                    |              |                                       |                     |           |                      |
| Signature  |   |              |          |          | Date               |              |                                       |                     | 1         | 9                    |
|  | e declaration may                                     |              |          |          |                    |              |                                       |                     |           |                      |
| Gontact Name:  |   |              |          |          | Talento            | יייים מנ     | nber                                  |                     |           |                      |
|  |   |              |          |          | . тысрг о          | io nul       | neen .                                |                     |           |                      |
| VAT 101 (Full)   |   | PCJ M&       | th 1980) |          |                    |              |                                       |                     |           |                      |

|   | Regulation 22(6), 2. |
|---|----------------------|
| do New Means of Transport   | Rel                  |
| for removal from the UK to another Member State of the European Con<br>See notes overleaf before completing - Write in BLOCK LETTERS only   |                      |
| For the purchaser to complete For the Supplier  | r to complete        |
| Surname (Mr./Mrs./Miss)   |                      |
| Forename(s)   |                      |
| Full Address in the UK  |                      |
| Telephone   |                      |
| Vat Registration No. GB   |                      |
| Telephone   | ransport             |
| Permanent/Temporary (Delete as applicable)     Motorised<br>Land Vehicle     Ship       Full address In Member State of Destination     (Tick as applicable)     Ship   | Aircraft             |
| Make  |                      |
| Model   |                      |
| Telephene   |                      |
| Permanent/Temporary (Delete as applicable) Registration No.   |                      |
| Are you:  |                      |
| a UK Resident? an overseas visitor?   |                      |
|   |                      |
| (Tick one box)  |                      |
| Are you a serving member YES/NO Date of Supply  |                      |
| Purchase Price  |                      |
| Member State of destination of the New Means<br>of Transport in which VAT will be paid         VAT not paid at line of supply   |                      |
|   |                      |
| I Declare that:<br>• I have read notice 728 and the notes overleaf; I Declare That:   |                      |
| <ul> <li>Intend to remove the New Means of Transport described<br/>above from the UK to the Member State of destination<br/>within 2 months of the date of supply;</li> <li>the New Means of Transport described<br/>with the definition given in notice<br/>Single Market</li> </ul> |                      |
| • I intend to notify the fiscal authority in that Member State • the information given above is and pay any tax due;  | s correct            |
| I understand that if I fail to remove the New Means of<br>Transport described above within 2 months of the date<br>of supply it will become liable to forficiture and UK taxes<br>will become due;     Status; Proprietor/Partner/Director/Comp                                       |                      |
| The information I have given above is correct.     (Delete as applicable)   |                      |
| Signature   |                      |
| Date  |                      |
| VAT 411 (Customs Copy) Patent PCL (LJ, 1995)  |                      |

Regulation 204(c)

| de,                      |
|--------------------------|
| 凲                        |
| H M Customs<br>and Endse |

### 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 |
|----|---|
| 1. | Please enter your FULL NAME in BLOCK LETTERS. (See note 1)                          |

| 2 | Please enter the ADDRESS of your BUSINESS, (See note 2) |
|---|---|

|    | Postcade   | Tel No.   |                         |
|----|--|---|-------------------------|
| 3. | Please describe your BUSINE                                  | SS INCLUDING NON-FARMING A                            | CTIVITIES. (See note 3) |
| 4, | Please enter the ESTIMATED<br>you expect to make in the next | VALUE of AGRICULTURAL SUPP<br>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 next 12 months. (See note 5) 6. Please enter the DATE from which you wish your CERTIFICATE

TO BE EFFECTIVE. (See note 6)

 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 :

| declare that the inf |                            | ter your fail remean BLOCK LETTER<br>3 form is true and complet | •                           |
|----------------------|----------------------------|---|-----------------------------|
| 1 apply for cancella | ition of the VAT registrat | ion shown at box 7 above  | e.                          |
| Signature            |                            |   | Date                        |
| Tick one box         | Proprietor                 | Director Company Secretary                                      | Trustee Authorlsed Cificial |
| lation and Date      |                            | For Official Use  |                             |
| Initials and Date    |                            | — <u> </u>  |                             |
| 1 <u> </u>           | LVO                        | TC  | Abbreviated name            |
| и (                  | EDC                        |   |                             |
| T 98 (3) 376 (N)     |                            | F 4801/   | PICX: HO Ma c               |

|                             |        |  |             |                   |            | Regu                 | lation           | 178(1)(a)     |
|-----------------------------|--------|--|-------------|-------------------|------------|----------------------|------------------|---------------|
|                             | Le alt | is your linst appled on? If not, please give   |             |                   |            |                      | ,                | VAT 65        |
| ДС<br>Алта                  |        | rs your inscription of innon prease give<br>erenda Nu  |             |                   |            |                      |                  |               |
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| authonly<br>to which the    |        |  |             |                   |            | IEFUNC<br>Je ado     | ED TAX           |               |
| application<br>is addressed | ļ      |  |             | (Preas            |            | the ex<br>forc filli | planator         | y notes       |
|                             |        | *  |             |                   | 00         | aore nin             | ng m             |               |
|                             | F      | Forenames and surname or name of firm of applicant   |             |                   |            |                      |                  |               |
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|                             | Ļ2     | Nature of applicant's business   |             |                   |            |                      |                  |               |
|                             | 1      | Paniculars of the Office: Authority and taxious resist Registration Ro. in the country in which the<br>normal place of residence   | é apolicor  | ntris sestaio     | district o | ir has bied          | her rkunicí      | ea.           |
|                             | j a    | ]  |             |                   |            |                      |                  |               |
|                             | 4      | Period to which the application refers   |             |                   | F<br>Mentt | Turi<br>Yea          | Menn T           | Vear          |
|                             | Ì      | Total amount of reford requested (in ligores)  | <b></b>     | í1                |            | L                    |                  | L             |
|                             | 5      | Isee uverlag for lemised is)   | £           |                   |            |                      |                  |               |
|                             | 6      | The applicant requests the refund of the amount shown in heading 5 in the manner describers in   | n head ng   | 17                |            |                      |                  |               |
| (*) Insert x                |        | Method of settlement requested (*) Bank account  |             | Posial<br>account | $\square$  |                      |                  |               |
| in the appropriate          |        | Account number Code number   | or of tinan |                   |            |                      |                  |               |
| box                         |        | Accountin the name of  |             |                   |            |                      |                  |               |
|                             | ł      | # .   # 2     #  | Ц. Т.       | 0.0.2             |            |                      |                  |               |
|                             | 7      | ) Name and address of the Anancial body  |             | ف_ا4              | . <b>.</b> | <u></u>              |                  | <u>~~~</u>    |
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|                             |        | <u>}</u><br>   |             |                   |            |                      |                  |               |
|                             | а      | <br>  No. of documents enclosed  | SUMPLY      | ion: unerd        | <i>»</i> . |                      |                  |               |
|                             |        | The applicant hereby declares  |             |                   |            |                      |                  |               |
|                             |        | (a) that the goods or services specified overleaf were used for the following t  | bus:1888    | e activite        | ទេ៣៥ា      | e United             | Kingdon          | ·             |
|                             |        |  |             | ••••              |            |                      |                  |               |
|                             |        | · · · · · · · · · · · · · · · · · · ·  |             |                   |            |                      | •••••            |               |
|                             |        | i  |             |                   |            |                      |                  |               |
|                             | 9      | (a) that in the United Kingdom owing the period covered by this application,   | he/she e    | engaged           | 3          |                      |                  | ĺ             |
|                             |        | <ul> <li>(1) the supply of goods or services</li> </ul>  |             |                   |            |                      |                  | i             |
| (f) laged x                 |        | <ul> <li>(2) only the provision of services in respect of which tax is psyable</li> </ul>  | le suleiv   | by the c          | é: sár     | lo whear             | they are         | ,<br>beilnous |
| :ri the                     | -      |  |             |                   |            |                      |                  |               |
| sopropriate<br>bax          |        | <ul> <li>(") only in the provision of certain exempted transport services at<br/>intervices.</li> </ul>  | панату (    | hereto            |            |                      |                  |               |
|                             |        | (c) that the particulars given in this application are true  |             |                   |            |                      |                  |               |
|                             |        | The applicant undertakes to pay each any innnies wrongfully optained   |             |                   |            |                      |                  |               |
|                             |        | А:   |             |                   |            |                      |                  | '             |
|                             |        | (Pixe) (Dete)  |             | (Signa            | ourc)      |                      |                  |               |
|                             |        | Page I.  |             |                   |            |                      |                  |               |
|                             |        | -  |             |                   |            |                      |                  |               |
| VAT 65                      |        | PC_1/May 1995;   |             |                   |            |                      |                  |               |

## 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<br>or services | Name, VAT Registration No. (If known)<br>and address of supplier of goods or services | Date and number of invoice<br>or import document | Arrount of tax retund<br>applied for    | FOR OFFICIAL<br>USE ONLY |
|---------|--------------------------------|---|--|---|--------------------------|
|         |                                |   |  |   |                          |
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|         |                                |   | C/F  |   | <b>.</b> .               |

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 carbitcate must also contain the members of those once members who incurred the tax.

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 " | <sup>1</sup> includes tour operators or |
|-----|---|--|---|
|     | any person who purchases or re-supplies services to travellers.           |  |   |

| Number | Nature of geods<br>of services        | Name, VAT Registration No. (if known)<br>and address of supplier of goods or services | Date and number of involce<br>or import document | Amoust of tax refuse<br>applied for | FOR OFFICIA<br>USE ONLY |
|--------|---------------------------------------|---|--|-------------------------------------|-------------------------|
|        |                                       |   | TOTAL B/F  |                                     |                         |
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|        |                                       |   |  |                                     |                         |
|        |                                       |   | TOTAL  |                                     | :                       |

VAT 66 - (05/25)

Рвдэ 3.

H M Customs end Excese Certificate of Status of Taxable Person

The undersigned

(Name of local VAT office)

Regulation 178(1)(b)(i)

| Name of taxable person |  |
|------------------------|--|
|                        |  |
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| Nature of activity     |  |
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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   | ,                |

### SCHEDULE 2

Regulation 3(1)

### REVOCATIONS

| Com | mencement Information                     |
|-----|---|
| I2  | Sch. 2 in force at 20.10.1995, see reg. 1 |
|     |   |

| Statutory instrument number | Title of Regulations  |
|-----------------------------|---|
| SI 1972/1148                | The Value Added Tax (Supplies by Retailers)<br>Regulations 1972             |
| SI 1973/293                 | The Value Added Tax (Trading Stamps)<br>Regulations 1973                    |
| SI 1975/274                 | The Value Added Tax (Supplies by Retailers)<br>(Amendment) Regulations 1975 |
| SI 1979/224                 | The Value Added Tax (Supplies by Retailers)<br>(Amendment) Regulations 1979 |
| SI 1980/1537                | The Value Added Tax (Repayment to Community Traders) Regulations 1980       |
| SI 1985/886                 | The Value Added Tax (General) Regulations 1985                              |
| SI 1985/1650                | The Value Added Tax (General) (Amendment)<br>Regulations 1985               |
| SI 1986/71                  | The Value Added Tax (General) (Amendment)<br>Regulations 1986               |
| SI 1986/305                 | The Value Added Tax (General) (Amendment)<br>(No. 2) Regulations 1986       |
| SI 1986/335                 | The Value Added Tax (Bad Debt Relief)<br>Regulations 1986                   |
| SI 1987/150                 | The Value Added Tax (General) (Amendment)<br>Regulations 1987               |
| SI 1987/510                 | The Value Added Tax (General) (Amendment) (No. 2) Regulations 1987          |
| SI 1987/1427                | The Value Added Tax (Cash Accounting)<br>Regulations 1987                   |
| SI 1987/1712                | The Value Added Tax (Supplies by Retailers)<br>(Amendment) Regulations 1987 |
| SI 1987/1916                | The Value Added Tax (General) (Amendment) (No. 3) Regulations 1987          |
| SI 1987/2015                | The Value Added Tax (Repayments to Third Country Traders) Regulations 1987  |
| SI 1988/886                 | The Value Added Tax (Annual Accounting)<br>Regulations 1988                 |

| Statutory instrument number | Title of Regulations  |
|-----------------------------|---|
| SI 1988/1343                | The Value Added Tax (Repayment Supplement) Regulations 1988                             |
| SI 1988/2083                | The Value Added Tax (General) (Amendment)<br>Regulations 1988                           |
| SI 1988/2108                | The Value Added Tax (General) (Amendment)<br>(No. 2) Regulations 1988                   |
| SI 1988/2217                | The Value Added Tax (Repayment to<br>Community Traders) (Amendment)<br>Regulations 1988 |
| SI 1989/1132                | The Value Added Tax (General) (Amendment)<br>Regulations 1989                           |
| SI 1989/1302                | The Value Added Tax (General) (Amendment)<br>(No. 2) Regulations 1989                   |
| SI 1989/2248                | The Value Added Tax (Accounting and Records) Regulations 1989                           |
| SI 1989/2255                | The Value Added Tax (Bad Debt Relief)<br>(Amendment) Regulations 1989                   |
| SI 1989/2256                | The Value Added Tax (General) (Amendment)<br>(No. 3) Regulations 1989                   |
| SI 1989/2259                | The Value Added Tax ("Do-It-Yourself"<br>Builders) (Refund of Tax) Regulations 1989     |
| SI 1989/2355                | The Value Added Tax (General) (Amendment)<br>(No. 4) Regulations 1989                   |
| SI 1990/420                 | The Value Added Tax (Cash Accounting)<br>(Amendment) Regulations 1990                   |
| SI 1990/1943                | The Value Added Tax (Cash Accounting)<br>(Amendment) (No. 2) Regulations 1990           |
| SI 1991/371                 | The Value Added Tax (Refunds for Bad Debts)<br>Regulations 1991                         |
| SI 1991/691                 | The Value Added Tax (General) (Amendment)<br>Regulations 1991                           |
| SI 1991/1332                | The Value Added Tax (General) (Amendment) (No. 2) Regulations 1991                      |
| SI 1991/1532                | The Value Added Tax (Annual Accounting)<br>(Amendment) Regulations 1991                 |
| SI 1992/644                 | The Value Added Tax (Cash Accounting)<br>(Amendment) Regulations 1992                   |
| SI 1992/645                 | The Value Added Tax (General) (Amendment)<br>Regulations 1992                           |
| SI 1992/1844                | The Value Added Tax (Payments on Account) (No. 2) Regulations 1992                      |

| Statutory instrument number | Title of Regulations  |
|-----------------------------|---|
| SI 1992/3096                | The Value Added Tax (EC Sales Statements)<br>Regulations 1992                               |
| SI 1992/3097                | The Value Added Tax (Accounting and Records) (Amendment) Regulations 1992                   |
| SI 1992/3099                | The Value Added Tax (Valuation of Acquisitions) Regulations 1992                            |
| SI 1992/3100                | The Value Added Tax (Refunds in relation to New Means of Transport) Regulations 1992        |
| SI 1992/3101                | The Value Added Tax (Removal of Goods) (Accounting) Regulations 1992                        |
| SI 1992/3102                | The Value Added Tax (General) (Amendment) (No. 4) Regulations 1992                          |
| SI 1992/3103                | The Value Added Tax (Flat-rate Scheme for Farmers) Regulations 1992                         |
| SI 1993/119                 | The Value Added Tax (General) (Amendment)<br>Regulations 1993                               |
| SI 1993/761                 | The Value Added Tax (Accounting and Records) (Amendment) Regulations 1993                   |
| SI 1993/762                 | The Value Added Tax (Cash Accounting)<br>(Amendment) Regulations 1993                       |
| SI 1993/764                 | The Value Added Tax (General) (Amendment) (No. 2) Regulations 1993                          |
| SI 1993/856                 | The Value Added Tax (General) (Amendment) (No. 3) Regulations 1993                          |
| SI 1993/1222                | The Value Added Tax (Repayment to Third<br>Country Traders) (Amendment) Regulations<br>1993 |
| SI 1993/1223                | The Value Added Tax (Repayment to<br>Community Traders) (Amendment)<br>Regulations 1993     |
| SI 1993/1224                | The Value Added Tax (General) (Amendment)<br>(No. 4) Regulations 1993                       |
| SI 1993/1639                | The Value Added Tax (General) (Amendment) (No. 5) Regulations 1993                          |
| SI 1993/1941                | The Value Added Tax (General) (Amendment) (No. 6) Regulations 1993                          |
| SI 1993/3027                | The Value Added Tax (General) (Amendment) (No. 7) Regulations 1993                          |
| SI 1993/3028                | The Value Added Tax (Cash Accounting)<br>(Amendment) (No.2) Regulations 1993                |
| SI 1994/803                 | The Value Added Tax (Accounting and Records) (Amendment) Regulations 1994                   |

| Statutory instrument number | Title of Regulations  |
|-----------------------------|---|
| SI 1994/3015                | The Value Added Tax (General) (Amendment)<br>Regulations 1994         |
| SI 1995/152                 | The Value Added Tax (General) (Amendment)<br>Regulations 1995         |
| SI 1995/913                 | The Value Added Tax (General) (Amendment)<br>(No. 2) Regulations 1995 |
| SI 1995/1069                | The Value Added Tax (General) (Amendment)<br>(No. 3) Regulations 1995 |
| SI 1995/1280                | The Value Added Tax (General) (Amendment)<br>(No. 4) Regulations 1995 |

### Status:

Point in time view as at 01/04/1996.

### Changes to legislation:

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