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> | | |
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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 BUSINESS

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| | | | | | | |
| Phone No. | | | ┝─ ┖ ╶└╶┊╶└─ ╵ | | | |
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| | | | | | | |
| 4. Describe your main BUSINESS A | | | as note 41 | Postc | ode (| |
| 4. Destable you main booincoo A | | onn biegse (s | 66 HC(8 H) | | | |
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| | | | | | | |
| 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 | mbar | | | te of certificat | a | |
| | | · · · |] | tte of certificat | | <u> i </u> |
| | | ſ ······ | | | | |
| or Other Pe | ase give delai 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 | | | | | | |
| | | | | | | |
| | | | | | | |
| Do you use a COMPUTER FOR A | 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 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 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

| | LUE LET etal | | | 鄘 | For official use only Date of receipt | |
|-----|------------------|--|---|--|--|--|
| P. | sther. | iach partn Yease star pace betw Yease use | or should complete one of the sect Lat the beginning of each Line and een words. BLOCK CAPITALS and write clea | leave a | Registration No (where known) | |
| 1 | Partner defails: | | ······································ | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | |
| | Home address | | · · · · · · · · · · · · · · · · · · · | | | |
| | Home telephone | | <u></u> | | ···· | |
| | Signature | | Date | · · · · · | Postcode | |
| | Partner details | | | | | |
| 2 | Full name | | • • • • • | | · · · · · · · · · · · · · | |
| | Home address | | | , _ <u></u> | · · · · · · · · · · · · · · · · · · · | |
| | Home telephone | , | | · · · · · · | · | |
| | Signature | | Date | | Postcode | |
| _ | Partner details | | | | | |
| 3 | Full name | | · ····· | | · · · · · · · · · · · · · · · · | |
| | Home address | | | · · · · · · · | · · · · · · · · · · · · · · · · · · · | |
| | Home telephone | | | · · · · · · · · · · · · | | |
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| a – | Partner details | | | | | |
| 4 | Fult name | | · · · · · · · · · · · · · | ······································ | | |
| | Home address | | | · · · · · · | · · · | |
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| | Partner details | | والمحادثة والمتركة بالتنز والبراج والمترا |
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| 5 | Full name | | |
| | Home address | ╷╶╴╴ | |
| | Home telephone | | |
| | Signature | | Postcode |
| | Partner details | | |
| 6 | Full name | ╷╶╴╷ ┶─┴ <u>╼</u> ┤╴┛ _{╍┙} ┦╴┟╶┼╵╼┞─┼╖┶─┴ <u>╼</u> ┷╼ | |
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| L | Signature | Date | Postcode |
| 7 | Partner details | | |
| , | Full name | | |
| | Home address | | |
| | Home telephone | <u> </u> | ******** |
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| | Home address | • • • • • • • • • • • • • • • • • • • | · · · · · · · · · · · · · · · · · · · |
| | Home telephone | ······································ | ┶╍┹─┸╍┽╶┶╍ [┥] ╼ [┝] ┉┶╍┼╌ [╏] ┍╌┼╺┽╴┶╍┼╴┶╌┼╴┼ |
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| | Signature | Date | Postcode |
| | Partner details | | |
| 9 | Full name | | |
| | Home address | | <u></u> |
| | Home telephone | ···· | ····· |
| ļ | Signature | Date | Postcode |
| CD 3053/R | SP(0724) | | |

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 transferred a business as a going concern on |
|--|---|
| date 19 | date - 19 |
| from (nume of previous owner) | <u>່າດ</u> (name ບໂ ຄຣະ ອາກາດເ) |
| *i/we *enciose/itave already returned Form VAT 1, and apply to use the previous owner's VAT registration number | From that date *I and/we are no longer liable or eligible to be registered or *I/we withdraw *my/our request for voluntary registration. *I/we agree to the VAT registration number shown opposite being allocated to the new owner. |
| If the application is granted "I/we agree: | If the application is granuet *1/we declare that: |
| to send, "my/our first VAT return to Customs and Excise with all fire VAT due for the whole period covered by the return. | the new owner will be easilied to neclaim any input tax which "I/we could have rectainerd if the registration number had not been transferred |
| to send in any returns due from but not reade by the previous owner | any payment made by Customs and Excise to the new owner will satisfy any right *D we have to this money |
| to pay Customs and Excise, when asked, any VAT due on supplies made by the provious owner before the business was transferred - including any VAT on stocks and assess kept by the provious owner. | *I/we have retained stocks and assets valued at [2] . including VA1: I/we can be contacted at itse following address after the date |
| that any return made in the previous owner's name for a period after the transfer date will be regarded as made by "metos | of fransfer. |
| that any payment made by Customs and Excise to the previous owner before the realtocation of the registration number will satisfy any right "I'we have to that money. | ····· |
| Signature(s) | Signature(s) |
| (Proprietor, partners, director, company secretary) | (Proprietor, partners, director, company secretary, executor) |
| J3/4 [9 | date 19 |
| rdulete as neccasary | *delete us necessary |

| | Value Added Tax Return For the period to | Regulation 25(1) |
|---------------------------|--|--|
| HIM Customs and Excise | | Registration number Period |
| I | I | if your completed return and all the VAT payable are not received by the due date. Due date: |
| ۲۵۹۲ Here Here | | For official USE D O R only |

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 1 |
| | VAT due in this period on acquisitions from other 2 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 trait to Custome or rectained by you 5 (Difference between boxes 3 and 4) |
| | Total value of sales and all other outputs excluding |
| | any VAT. Include your box 8 figure 00 |
| | Total value of purchases and all other inputs excluding 7 00 |
| | Total value of al: supplies of goods and related services, s excluding any VAT, to other EC Member States D0 |
| | Total value of all acquisitions of goods and related services, g 000 excluding any VAT, from other EC Member States |
| | 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 a payment please tick this bex | I,declare that the (Full name of signatory in BLOCK LETTERS) |
| | information given above is true and complete. |
| | Signature |
| <u>L</u> | PCu/April 1985) |
| AT 100 (5.0) | |

VAT 100 (5.1)

| | | Regulations 23, 25(4 |
|--------------------------|--|---|
| | Final Value Added Tax Return For the period to | For Official Use |
| HM Customs and Excise | | Registration number Period |
| | | 9999 |
| Γ | | You could be liable to a financial penalty if your completed return and all the VAT payable are not received by the due data. |
| | | Due date: |
| L | | For official US C D O R only |
| | | <u></u> |
| P | | |
| Dadam unu 60 | - the form - loss a real the value on the back and the | VAT leaflet "Filling in your VAT return". Fill in all boxes clearly |
| In Ink, and write | | ox blank. If there are no pence write "00" in the pence column. Σ p |

| | · · · · · · · · · · · · · · · · · · · | P |
|------------------------------------|--|-----------|
| For olficial use | VAT due in this parved on sales and other outputs | : |
| | VAT due in this period on acquisitions from other 2 EC Member States | : |
| | 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) | |
| | Net VAT who usin to Custome or reclaim ad by Val. 5 (Ortherance botween boxes 3 and 4) | ! |
| | | |
| | Total value of sales and all other outputs excluding 6 any VAY. Include your box 8 figure 6 | 00 |
| | Total value of purchases and all other inputs excluding 7 any VA7. Include your box 9 figure | 00 |
| | Total value of all supplies of goods and related services. excluding any VAT, to other EC Member States | 00 |
| | Total value of all acquisitions of goods and related services, 9 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(a) in this box. | |
| you are enclosing | DECLARATION: You, or someone on your behalf, must sign below. | |
| a payment please tick this box. | I,declare that the (Full name of signatory in BLOCK LETTERS) | |
| | information given above is true and complete. | |
| | Signature | |
| _ | PCU(April 1996) | |
| /AT 193 | | |

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) |
|---|
| |
| |
| |
| 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 |
| |
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| |
| |
| 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 setting threshold at any time in the calendar year commencing 1st January 1993 or any subsequent calendar year? |
| |
| YES and (exceeded the threshold on Go to 17 |
| NO |

| 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 |
|--|
| NC 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) |
| I am REQUIRED TO BE REQISTERED from |
| 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 box |
| Propretor Partner Director |
| Company Secretary Authorised Official Trustee (including tax representative) |
| 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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| ╶╩┷┟╽╶╢╼╨╼┷╬╌┷╋╢╴╋╋┥╸┝┝┝┝ |
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| |

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

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|--|-------------|-----------|-----|
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| | | | |

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

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| | | ! | | 1 | 1 | • | | | | 4 | : | 1 | - | | | | | - - | 1 | | | | I I | | _ | | 1 | |
| Phone No. | | | | | | : | | | 1 | 1 | : | | ; | | | ! | | | | | | | | | | | | |
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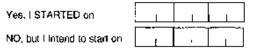
4. Describe your main BUSINESS ACTIVITY IN FULL please (See note 4)

| | | | | | |
|--|------|--|--|------|------|
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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)



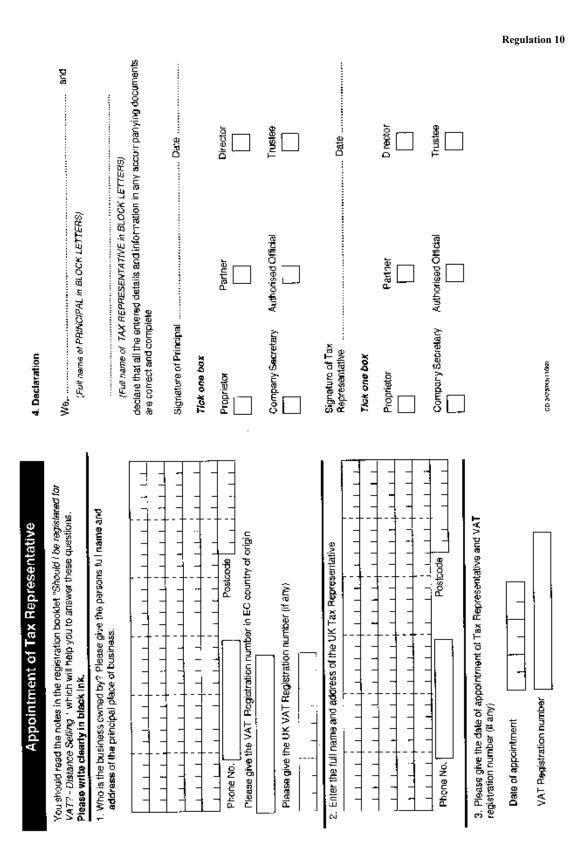
(Enter date you made your first acquisition)

(Enter the date on which you expect to start)

VAT 1B 00.2450/045(10/32)

 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 |
| No because the value of my acquisitions from 1st January amounted to 2 |
| If the answer is NO do you expect the value of ACQUISITIONS you will make in the next 30 days to exceed the registration limit? |
| Yes Go to 10 No Go to 11 |
| 10. If the answer to EITHER PART OF QUESTION 9 is YES, from what date MUST you be registered for VAT ? (See note 10) - This is VERY IMPORTANT |
| 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? YES Please enter the ESTIMATED VALUE OF TAXABLE SUPPLIES you have made in the last 12 months 2 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 |
| 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 |
| |
| Form No. 8 |



16

| Regulation | 191(1) |
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VAT 65A

| | is if Ant | is your list application * II not, please plue aronice No. |
|--|--------------|---|
| M PREMIX M Customs and Excise | Γ | HM Customs and Excise APPLICATION 8th/13th Directive by a business person not |
| Official authority to which the application is addressed | L | Custom House established in the Community for PO Box 34 REFUND OF LONDONDERRY BT49 7AE VALUE ADDED TAX Northern releard (Please read the explanatory notes) |
| | _ | before (illing in) |
| | | Foremannes and sumame or name of firm, of application |
| | 1 | House number and street name Place country and ostroate |
| | ⊢ | n en contra va a portoco en el antica de la contra de la co Nel tre ot applicante business |
| | 2 | Parikulare of the Official Authority and favousiness Registration No. In the country in which the applicant is established or has higher domaile or |
| | 3 | normal place of residence |
| | 4 | Periodi la which the application refers |
| | 6 | Total amount of refund requested (in Ngures; (see overlea) for removed (set) |
| | ę | The appRoam requests the refund of the amount shown in heading 5 in the meaner described in heading 7 |
| (*) Insert x | | Method of asthement requested (*) Benk Postal account |
| appropriate box | 1 | Accourte number of financial body |
| 2005 | 1 | No estuar la minucesar |
| | 7 | |
| | | Náčie and address of the financial body |
| | | |
| | | |
| | 8 | No. of documents enclosed. |
| | ⊢ | The applicant hereby declares |
| | | (a) that the goods or services specified over test were used for the following business activities in the United Kingdom |
| | | r or blat it benned remeal biblior rebit for morte common menomenemenemenemenemenemener committeere ere etcomme |
| | | |
| | | |
| | 9 | (b) that in the United Kingdom during the period covered by this application, he/she engaged in (*) no supply of goods or services |
| | | |
| (*) Inseri x 🕨 🛌 | | (*) only the provision of services in respect of which tax is payable solely by the person to whom they are supplie |
| appropriale box | | (*) only in the provision of certain exempted transport services ancillary thereto |
| | | (c) that the particulars given in this application are true |
| | | The applicant undertakes to pay back any monles wrongfully obtained |
| | | Αt., |
| | | NOTE: Box 10 overleaf NUST be completed |
| VAT 65A | ¢ | Page 1, r 75<4[January 1594] |

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 or services | Name, VAT Registration No. (If known) and address of supplier of goods or services | Date and number of invoxe or import document | Amount of tax refund applied for | FOR OFFICIAL USE ONLY |
|--------|--------------------------------|---|---|-------------------------------------|--------------------------|
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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 | suppries to travel agents which are for the direct benefit of traveliers. Under this scheme the term "travel agent "includes teur |
|---|---|
| | 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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CD 0074/9/NB(01/84)

| Regulation 191(1)(b |
|--|
| Certificate of Status of Business Person |
| The undersigned |
| ertifies that |
| (Nature of activity) |
| (Address of the Establishment) |
| s a registered business person in |
| his registration number being |
| Signature |
| Offlice date stamp (Name and grade) |
| *If the applicant does not have a registration number, the official authority should state the reason for this. /AT 66A (CD 32934N5(D7/32) F 86091) |

Regulation 201(a)

| de la | VAT refunds for | Office date stamp |
|----------------------------|-----------------------|-------------------|
| | Dly builders | |
| H M Castonie and Excise | Seriai nember 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.

| Yaur full game | Name of occupant of dwelling (if different) | | | | |
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| Il you are claiming on behall of a charity: | | | | | |
| Name of charity | Your status (ie Secretary, Director, duly authorised person) | | | | |
| | | | | | |
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| 1. Addreas of building you are cleening for | 2. Your address (f different) | | | | |
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| i I I ⁿ I I I Postcode | li_i Postcode | | | | |
| To which above address should the refund be sent? $\fbox{1}$ | 2; | | | | |
| Your doytime phone number Date of completion | Date of occupation or use | | | | |
| dey mon | lh year day month year 19 19 | | | | |
| L | | | | | |
| | If Yes', you must give the VAT registrative number here | | | | |
| Is your claim only for goods used to 'fli out' or 'finish off' the building (paragraph 4 of the Notice)? | Yes | | | | |
| Summary of Perts 3 and 4 | E 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 VA | T' columin of Part 4) | | | | |
| Tot | al amount claimed | | | | |
| ,,,,, | | | | | |
| Declaration | | | | | |
| i deolare tratt | | | | | |
| I have read Noice /19 | Lant only reclaiming VAT which was correctly charged to me, and which Loaid, on goods / imposed or bought from a VAT | | | | |
| all the entered details and information on this form and any accompanying documents are correct | 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 described in Part 2 is to be used solely 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 Millor Application

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| | | | | (Count ground floo i as one storey) | r | reception rooms | |
| : ſ | | | | Number of | · · · · · · · · · · · · · · · · · · · | Number of | r |
| L | | | | bedrooms | | bathrooms/ cloakrooms | |
| Detached | /semi-detach | ed/lemac | ed | | · / | CIDARIDOMS | |
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| Built-in | Number | Single - double | | oranea t², /mi | | | |
| Detached | Number | Single * double | Totalio | or area 🥍 | | | |
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| Nam | e 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 Ist those goods and mate | | either subtract the amou | int of any | Plaseau | urite ta biael | ink prose |
|---|--|--|--------------------------------------|---------|--|-----------|
| which you have invoices a documents showing VAT separately. Don't include not eligible for the scheme at the back of Notice 719 examples of ilems not cou- the scheme | or import l items s - the list gives | credit note you receive from the out any relevant invoice entry or put it in red insert the in the list and subtract it from the total them.Tr | | | write in black ink, cross y mistakes you make and he correct details above he person making the ust initial the alterations. | |
| f Brief description of goods | 2 Quantily | 3 Supplier's | 4 Invoice numb- other reference n | umber | 5 VAT paid | |
| | of goods | name | (eg Customs anti- | ry no.} | £ | þ |
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VAT 431 (Pt 3)

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| | nd materials claim | ed for 🦾 | |
| where in | voices don't show | VAT separately | |

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 Brief description of goods | 2 Quantity of goods | 3 Supplier's name | 4 Invoice number | 5 Total amount paid for goods £ p | 6 Calculated VAT Σ p |
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VAT 431 (Pt 4)

PD024 (January 1980)

Carry forward overleaf

Regulation 21, 22, 23

| 深调 | | Value Added Tax EC Sales list For the period To | | | | | |
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| Befo | ne you f | Il in this form please read the notes overleaf. | ~г | Total value | of supplies | | : Indr |
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| | Number | of pages completed | | | Lines complet this page onl | tod ; | |
| De | claratio | n: You, or someone on your behalf, mustisign belo | W/ | | | | |
| ١ | | (Full name of signalony in BLOCK | LETTERS: | | d(| eclare tha | t the |
| info | ormation | rgiven above and on any continuation sheets is true | and comp | ete. | | | |
| Şig | inature . | | | | | 19. | |
| Ccu | ld you p | A false declaration may result in the lease supply a | impositio | on of a financial pena | alty | | |
| Con | nact Nar | ie; | | Telephone numb | er: | | |
| | | PCJ Marin | | | | | |

Form No. 13

| | Regulation 22(6), 23 |
|--|---|
| New Means of 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 | |
| | Telephone |
| | |
| Telephone | Details of the New Means of Transport |
| Permanent/Temporary (Delete as applicable) Full address in Member State of Destination | Motorised Ship Aircraft (Land Vehicle (Tick as applicable) |
| | Make |
| | Model |
| Talephone | Colour |
| Permanent/Temporary (Delste as applicable) | Registration No. |
| Are you: a UK Resident? an overseas visitor? | Engine No. |
| F T F T | Chassis/Hull/Alrframe No. |
| (Tick one box) | Invoice No. and date |
| Are you a serving member YES/NO | Date of Supply |
| of HM Forces? | Purchase Price |
| Member State of destination of the New Means of Transport in which VAT will be paid | VAT not paid at lime of supply |
| | |
| I 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 notice 725 about VAT and the Single Market |
| Intend to notify the fiscal authority in that Member State and pay any tax 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; Proprietor/Partner/Disector/Company Secretary/Authorised Person |
| The information I have given above is correct. | (Delete as opplicable) |
| Signature | |
| Date | |
| VAT 411 (Customs Copy) Patent Pol. (14 | , 1905i |

Regulation 204(c)

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| H M Customs and Endse |

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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) |

| | Postcode | Tel No. | |
|------------|----------------------|---|--------------|
| S . | Please describe ye | OUR BUSINESS INCLUDING NON-FARMING ACTIVITIES. | (See note 3) |
| 4. | Please enter the E | ESTIMATED VALUE OF AGRICULTURAL SUPPLIES | |
| | you expect to mak | te in the next 12 months. (see note 4) | |
| 5. | Please enter the E | ESTIMATED VALUE of SUPPLIES OF OTHER GOODS an | nd |
| | SERVICES which | you expect to make in the next 12 months. (See note 5) | |
| 6. | Please enter the D | DATE from which you wish your CERTIFICATE | |
| | TO BE EFFECTIV | /E. (See note 6) | |
| 7. | Please enter your | VAT REGISTRATION NUMBER. Write "NONE" | |
| | if you are not regis | stered for VAT. (See note 7) | |
| 8. | | ete the following declaration : | |
| | -++ | formation entered on this form is true and complete, ation of the VAT registration shown at box 7 above. | |
| | | | Date |
| | Tick one box | Proprietor Director Trus Partner Company Auth | stee |

| | | | Se | cretary | (| Official | |
|--------|----------------------|-----|----------|----------|---------|----------|------------------|
| | | | Fo | or Offic | ial Use | | · |
| | Initials and Date | | | | | | |
| All'd | | LVO | <u>г</u> | rc 🗌 | | | Abbreviated name |
| Refd | | EDC | | | | | |
| VAT 98 | (30 0.064 w/(0.880); | | FidB01(| | | | PLEXMONA CHERC |

| | | Regulation 178(1)(a) |
|---|--------------|---|
| a ∰a∰a | Is th Rel | vis your linst application? If not, please give erende Nuc |
| H M Cusions and Excee | 1 | APPLICATION by a business person |
| Competent authority to which the application is addressed | ۰ ۱ | established in the Community for REFUND OF VALUE ADDED TAX (Prease read the explanatory notes before filling in) |
| | Ę | Foreingmes and surrame of heme of htm of gpalicant |
| | ļ١ | |
| | - | Perce, multipland must code |
| | 12 | Panlotis of the Office: Authority and textus risks Registration Ro. in the country in which the applicant is established or has highly induced or normal place of residence |
| | ia i— | |
| | 4 | Period to which the application raters |
| | 5 | Total undurit of reformed Population (in ligonal) (additional) (additional) (block of the second of |
| | 6 | The applicant requests the refund of the amount shown in heading B in the manner described in heading 7 |
| (*) Insert x | ł | Melhod of settler nent requested (*) Bank Postal account account |
| aporoonale box | | Account number |
| | Ì_ | |
| | 7 | Name and address of the financial body |
| | | |
| | | |
| | в | No. of clocur ents enclosed |
| | | The applicant hereby declares [(a) that the goods or services specified overleaf were used for the following business activities in the United Kingdom |
| | | |
| | | |
| | | (a) this in the Useed Kingdom owing the period covered by this application, he/she engaged is |
| | 9 | (i) the supply of goods or services |
| (1) laged x | - | J |
| sopropriate box | | (") on y in the provision of certain exempted transport services and any thereto |
| | | (c) that the particulars given in this application are true |
| | | The aspidant undertakes to pay each any ronnies wrongfully obtained |
| | | At |
| | | NOTE: Box 10 overleaf MUST he completed |
| | | Page I. |
| VAT 65 | | PC_11/ay 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 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 carbitcate must also contain the members of those once any 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 " | ¹ includes tour operators or |
|-----|---|--|---|
| | any person who purchases or re-supplies services to travellers. | | |

| Number | Nature of geods of services | Name, VAT Registration No. (if known) and address of supplier of goods or services | Date and number of involce or import document | Amount of tax refund applied for | FOR OFFICIA 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 | e person | | | |
|------------------|----------|------|------|------|
| Address | | | | |
| | | | | |
| | | | | |
| Nature of activi | њ. | | | |

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



Date

| | Office stamp | Signature |
|--------|-------------------|------------------|
| | | (Name and grade) |
| VAT 66 | CD 1017/N8((7791) | F 50371) |

[^{F1}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:

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

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

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

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

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

(signature)

(date)

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

Textual Amendments

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

Form No. 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

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

[^{F2}SCHEDULE 1A

Regulation 145F

Textual Amendments

F2 Sch. 1A inserted (28.4.1996) by The Value Added Tax (Amendment) (No. 3) Regulations 1996 (S.I. 1996/1250), regs. 1(1)(2), 16, Sch. 2

The fiscal warehousing record which is referred to in paragraph (3) of regulation 145F shall have the features and comply with the requirements set out below.

- 1. Goods in and out of a fiscal warehouse and its regime
 - (a) It shall accurately identify any eligible goods which enter or exit the fiscal warehouse, their nature and quantity, and the time and date when they so enter or exit.
 - (b) It shall accurately identify any goods which are not eligible goods and which enter or exit the fiscal warehouse for storage (other than goods which enter for purposes wholly incidental to such storage), their nature and quantity, and time and date when they so enter or exit.
 - (c) It shall accurately identify all eligible goods which are allocated to or removed from the fiscal warehousing regime associated with the relevant fiscal warehousekeeper, the time and date when the allocation or removal takes place, and the location of the eligible goods while they are allocated to the relevant regime.
 - (d) It shall accurately identify as "transferred goods" all eligible goods which are transferred directly from the fiscal warehousing regime to another fiscal warehousing regime, the time and date when the transfer starts, and the address of the fiscal warehouse to which the goods in question are transferred.
 - (e) It shall accurately identify as "transferred goods" all eligible goods which are transferred directly from the fiscal warehousing regime to corresponding arrangements in another member State under regulation 145H(2)(b), the date and time when the transfer starts, and the address of the place in the other member State to which the goods in question are transferred.

- (f) It shall accurately identify as "transferred goods (by reason of export)" all eligible goods which are directly exported from the fiscal warehousing regime to a place outside the member States under regulation 145H(2)(c), the date and time when the movement of the goods which is directly associated with the export starts, and the address of the place outside the member States to which the goods in question are consigned.
- 2. Specified services performed in a fiscal warehouse

It shall accurately identify the nature of any services which are performed on or in relation to eligible goods while those goods are allocated to the relevant fiscal warehousing regime, the date when the services are performed, the particular eligible goods on or in relation to which they are performed, and the name, address and registration number (if any) of the supplier of those services.

- 3. Documents relating to transfers and specified services
 - (a) It shall include the written undertaking from the other fiscal warehousekeeper relating to a transfer made within the United Kingdom referred to in regulation 145G(2), the certificate from the other fiscal warehousekeeper confirming a transfer made within the United Kingdom referred to in regulation 145G(3)(c), and it shall relate them to the relevant transfer.
 - (b) It shall include the copy of the certificate relating to a transfer received by the relevant fiscal warehousekeeper from another fiscal warehousing regime within the United Kingdom referred to in regulation 145G(3)(d) and it shall relate that copy to the relevant allocation to his relevant fiscal warehousing regime.
 - (c) It shall include the document relating to the completion of a transfer to corresponding arrangements in another member State referred to in regulation 145H(4)(b) and it shall relate that document to the relevant transfer.
 - (d) It shall include the document relating to the completion of an export to a place outside the member States referred to in regulation 145H(4)(c) and it shall relate that document to the export in question.
- 4. Procedures where transfers are not completed
 - (a) It shall be adjusted to show a removal (and not a transfer) where the certificate of transfer within the United Kingdom referred to in regulation 145G(3)(c) is not received in time from the other fiscal warehousekeeper.
 - (b) It shall be adjusted to show a removal (and not a transfer) where the document referred to in articles 145H(4)(b) or 145H(4)(c) concerning goods which have been transferred to corresponding arrangements in another member State, or which have been exported to a place outside the member States, is not received in time.
 - (c) It shall evidence any notification made under regulation 145H(3)(c) to the person on whose instructions the goods were allowed to leave the fiscal warehouse.
- 5. Removals from a fiscal warehousing regime
 - (a) It shall identify the name and address of any person who at any time removes or causes the removal of any goods from the fiscal warehousing regime and that person's registration number if he is registered under the Act.
 - (b) It shall include a copy of the removal document issued by the Commissioners under regulation 145J(1) and shall relate it to the relevant removal.
- 6. Miscellaneous
 - (a) It shall incorporate any modifications to the features or requirements set out in paragraphs
 1 to 5 above which the Commissioners may require in respect of the relevant fiscal
 warehousekeeper.

(b) A fiscal warehousekeeper may, with the prior agreement of the Commissioners, maintain a fiscal warehousing record in which any of the features or requirements set out in paragraphs 1 to 5 above are relaxed or dispensed with.]

SCHEDULE 2

Regulation 3(1)

REVOCATIONS

| Commencement Information | | | | |
|--------------------------|---|--|--|--|
| 12 | 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) Regulations 1972 |
| SI 1973/293 | The Value Added Tax (Trading Stamps) Regulations 1973 |
| SI 1975/274 | The Value Added Tax (Supplies by Retailers) (Amendment) Regulations 1975 |
| SI 1979/224 | The Value Added Tax (Supplies by Retailers) (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) Regulations 1985 |
| SI 1986/71 | The Value Added Tax (General) (Amendment) Regulations 1986 |
| SI 1986/305 | The Value Added Tax (General) (Amendment) (No. 2) Regulations 1986 |
| SI 1986/335 | The Value Added Tax (Bad Debt Relief) Regulations 1986 |
| SI 1987/150 | The Value Added Tax (General) (Amendment) Regulations 1987 |
| SI 1987/510 | The Value Added Tax (General) (Amendment) (No. 2) Regulations 1987 |
| SI 1987/1427 | The Value Added Tax (Cash Accounting) Regulations 1987 |
| SI 1987/1712 | The Value Added Tax (Supplies by Retailers) (Amendment) Regulations 1987 |

| Statutory instrument number | Title of Regulations |
|-----------------------------|---|
| 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) Regulations 1988 |
| SI 1988/1343 | The Value Added Tax (Repayment Supplement) Regulations 1988 |
| SI 1988/2083 | The Value Added Tax (General) (Amendment) Regulations 1988 |
| SI 1988/2108 | The Value Added Tax (General) (Amendment) (No. 2) Regulations 1988 |
| SI 1988/2217 | The Value Added Tax (Repayment to Community Traders) (Amendment) Regulations 1988 |
| SI 1989/1132 | The Value Added Tax (General) (Amendment) Regulations 1989 |
| SI 1989/1302 | The Value Added Tax (General) (Amendment) (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) (Amendment) Regulations 1989 |
| SI 1989/2256 | The Value Added Tax (General) (Amendment) (No. 3) Regulations 1989 |
| SI 1989/2259 | The Value Added Tax ("Do-It-Yourself" Builders) (Refund of Tax) Regulations 1989 |
| SI 1989/2355 | The Value Added Tax (General) (Amendment) (No. 4) Regulations 1989 |
| SI 1990/420 | The Value Added Tax (Cash Accounting) (Amendment) Regulations 1990 |
| SI 1990/1943 | The Value Added Tax (Cash Accounting) (Amendment) (No. 2) Regulations 1990 |
| SI 1991/371 | The Value Added Tax (Refunds for Bad Debts) Regulations 1991 |
| SI 1991/691 | The Value Added Tax (General) (Amendment) Regulations 1991 |
| SI 1991/1332 | The Value Added Tax (General) (Amendment) (No. 2) Regulations 1991 |
| SI 1991/1532 | The Value Added Tax (Annual Accounting) (Amendment) Regulations 1991 |

| Statutory instrument number | Title of Regulations |
|-----------------------------|---|
| SI 1992/644 | The Value Added Tax (Cash Accounting) (Amendment) Regulations 1992 |
| SI 1992/645 | The Value Added Tax (General) (Amendment) Regulations 1992 |
| SI 1992/1844 | The Value Added Tax (Payments on Account) (No. 2) Regulations 1992 |
| SI 1992/3096 | The Value Added Tax (EC Sales Statements) 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) Regulations 1993 |
| SI 1993/761 | The Value Added Tax (Accounting and Records) (Amendment) Regulations 1993 |
| SI 1993/762 | The Value Added Tax (Cash Accounting) (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 Country Traders) (Amendment) Regulations 1993 |
| SI 1993/1223 | The Value Added Tax (Repayment to Community Traders) (Amendment) Regulations 1993 |
| SI 1993/1224 | The Value Added Tax (General) (Amendment) (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 |

| Statutory instrument number | Title of Regulations |
|-----------------------------|--|
| SI 1993/3027 | The Value Added Tax (General) (Amendment) (No. 7) Regulations 1993 |
| SI 1993/3028 | The Value Added Tax (Cash Accounting) (Amendment) (No.2) Regulations 1993 |
| SI 1994/803 | The Value Added Tax (Accounting and Records) (Amendment) Regulations 1994 |
| SI 1994/3015 | The Value Added Tax (General) (Amendment) Regulations 1994 |
| SI 1995/152 | The Value Added Tax (General) (Amendment) Regulations 1995 |
| SI 1995/913 | The Value Added Tax (General) (Amendment) (No. 2) Regulations 1995 |
| SI 1995/1069 | The Value Added Tax (General) (Amendment) (No. 3) Regulations 1995 |
| SI 1995/1280 | The Value Added Tax (General) (Amendment) (No. 4) Regulations 1995 |

Status:

Point in time view as at 01/11/1997.

Changes to legislation:

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