F1F2F3SCHEDULE 1

Regulation 5(1)

Textual Amendments

- F1 Sch. Form 4 substituted (1.4.2001) by The Value Added Tax (Amendment) Regulations 2001 (S.I. 2001/630), reg. 1, Sch.
- F2 Sch. Form 5 substituted (1.4.2001) by The Value Added Tax (Amendment) Regulations 2001 (S.I. 2001/630), reg. 1, Sch.
- F3 Sch. 1 Form 7A inserted (22.3.2000) by The Value Added Tax (Amendment) (No. 3) Regulations 2000 (S.I. 2000/794), reg. 7, Sch. 1

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

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3. Enter the address of your PRINCIPAL PLACE OF BUSINESS

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	1							
Phone No.			┝─ ┖ ╶└╶┊╶└─ ╵					
[]			\mathbf{H}		┝┻┻┻╋	<u> </u>		
4. Describe your main BUSINESS A		ul L pleasé <i>le</i>	as note 41	Postc	ode (
4. Destable you main booincoo A		onn hiease (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	or Limited Company Please enter details from Company Incorporation Certificate below.							
Certificate Nur	mhar			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 HADE 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 IImit? (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							
Init ?							
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							
16. What VALUE of GOODS are you likely to SELL £ Self to or buy from other EC Countries in the next 12 months? BUY £ (Leave blank if NIL) SELL £							
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							
17. Do you expect to be ENTIFILED 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							
NO							
19. YOU MUST COMPLETE THE FOLLOWING DECLARATION IN FULL (see note 19)							
I							
Signature							
Tick ONE box Proprietor Director Trustee							
Partner Company Secretary Authorised Official							

Form No. 2

~	ALLE LAT Detail	15			For official use only Date of receipt
A N	arther	Each partni Ptease star space betw Ptease use	er should complete one of the section t at the beginning of each I ne and le een words. BLOCK CAPITALS and write clearly	ave a	Registration No. (where known)
1	Partner details [,] Full name			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	Home address				· · · · · · · · · · · · · · · · · · ·
	Home telephone		<u></u>		· · · · · · · · · · · · · · · · · · ·
	Signature		Date		Postcude
	Partner details				
2	Full name		• • • • • • • • • • • • • • • • • • •	, 	· · · · · · · · · · · · · ·
	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		والمتعادية والمتباطية والمتباد والمتباد
5	Full name	· · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	Home address	· · · · · · · · · · · · · · · · · · ·	
	Home telephone	• • • • • • • • • • • • • • • • • • •	······································
	Signature	Date	Postcode
	Partner details		
6	Full name	· · · · · · · · · · · · · · · · · · ·	
	Home address	· · · · ·	······································
	Hame telephone	·······	+ + +
	Signature	Date	Postcode
7	Parinel details		
	Full name		· · · · · · · · · · · · · · · · · · ·
	Home address		
	Home telephone		when the off t
	Signature	Date	Postcode
	Partner details		
8	Full name	······································	
	Home address	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
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	Signature	Date	Postcode
	Partner details		
9	Full name	на н	· . · · . · · ·
	Home address	<u>····</u> ···· ···· ··· ··· ··· ··· ··· ···	······································
	Home telephone		·····
	Signature	Date	Pesteode
CD 30538	A 14 A 18 (A 17		

CD 3053/R/V8(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

*I/We took over a business as a going concern on	*I/we transferred a business as a going concern on
date 19	date · I9
from (name of previous owner)	to (name of new owner)
*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 ionger liable or eligible to be registered or *L/we withdraw *my/our request for voluntary registration. *L/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 granted #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 entitled to melaim any loput iax which "I/we could have reclaimed 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 *I/we have to that 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 assers kept by the previous owner. 	*I/we have retained stocks and assets valued at . including VA1: //we can be contacted at the following address after the date of themsfor:
 that any return made in the previous owner's name for a period after the transfer date will be regarded as made by "metos 	
 that any payment made by Customs and Excise to the previous owner before the reallocation of the registration number will satisfy any right "I/we have to that money. 	·····
Signature(s)	Signature(s)
(Proprietor, partners, director, company secretary)	(Proprietor, partners, director, company secretary, executor)
Jate 19	date 19
adulate as neocasary	*delete us necessary

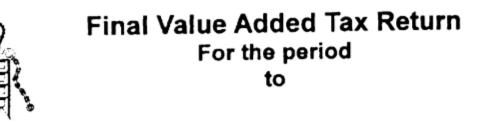
Regulation 25(1) For Official Use Value Added Tax Return For the period to Registration number Period You could be liable to a financial penalty if your completed return and all the VAT payable are not received by the due date. Due date: For official use DOR only Fold Here Before you fill in this form please read the notes on the back and the VAT leaflet "Filling in your VAT return". Fill in all boxes clearly in ink, and write 'none' where necessary. Don't put a dash or leave any box blank. If there are no pence write "00" in the pence column. Do not enter more than one amount in any box. £ p For official use VAT due in this period on sales and other outputs VAT due in this period on acquisitions from other EC Member States 2 Total VAT due (the sum of boxes 1 and 2) 3 VAT reclaimed in this period on purchases and other inputs (including acquisitions from the EC) 4 Net VAT to be paid to Customs or reclaimed by you (Difference between boxes 3 and 4) 5 Total value of sales and all other outputs excluding any VAT. Include your box 8 figure 6 00 Total value of purchases and all other inputs excluding any VAT. Include your box 9 figure 7 00 Total value of all supplies of goods and related services, excluding any VAT, to other EC Member States 00 8 Total value of all acquisitions of goods and related services, excluding any VAT, from other EC Member States 9 00 DECLARATION: You, or someone on your behalf, must sign below. If you are enclosingdeclare that the 1. a payment please (Full name of signatory in BLOCK LETTERS) tick this box. information given above is true and complete. Date. Signature ... A faise declaration can result in prosecution. VAT 100 (Full) IB(October 2000)

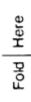
HM Customs and Excise

Status: Point in time view as at 01/04/2001. Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995. (See end of Document for details)

Regulations 23, 25(4)

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Before you fill in this form please read the notes on the back and the VAT in ink, and write 'none' where necessary. Don't put a dash or leave any box black Do not enter more than one amount in any box.

For official use	VAT due in this period on sales and other output
9	VAT due in this period on acquisitions from othe EC Member States
	Total VAT due (the sum of boxes 1 and 2)
	VAT reclaimed in this period on purchases and

Form No. 6

Regulation 5(1)

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Application For VAT Registration

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

GD (3428(11/82)

Do not detach

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

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

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

Tick one box							
NC Go to 10 EC Country YES and the option was exercised in On							
Please enter the date of your first taxable supply in the UK							
10. Do you intend to make distance sales of GOODS LIABLE TO EXCISE DUTY to the UK?							
NO Go to 12							
YES Please enter the estimated date of your first taxable supply in the UK.							
11. (See note 11 - this is VERY IMPORTANT)							
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)							
(Full name in BLOCK LETTERS) declare that all the entered details and information in any accompanying documents are correct and complete							
declare that all the entered details and information in any accompanying documents are correct and complete							
declare that all the entered details and information in any accompanying documents are correct and complete Signature							
declare that all the entered details and information in any accompanying documents are correct and complete Signature							

Form No. 7

Regulation 5(1)

Application For VAT Registration

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

CD 3430/41 (11/92)

Do not detach

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

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╶╩┷┟╽╶╢╼╨╼┷╬╌┷╋╢╴╋╋┥╸┝┝┝┝

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

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

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	[!	I	I	I	•	I	I	ī	4	;	i	-	1	1	÷		L	1			I	1	1		1	I	-	I	I	
Phone No.		1	1	I	1		1	I	ι	1	;	1	1	1		ł		1	1	1	1	1	1	1		-	1	1	1	1	
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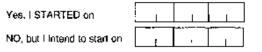
4. Describe your main. BUSINESS ACTIVITY IN FULL please (See note 4).

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

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

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



(Enter date you made your first acquisition)

(Enter the date on which you expect to start)

VAT 1B 00.2450/045(10/32)

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 I exceeded the threshold on
because the value of my acquisitions from 1st January amounted to £ Go to 10
No because the value of my acquisitions from 1st January amounted to 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 £
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 E
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
Form No. 7A

Value Added Tax

VAT Registration Notification

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

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

Name

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

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

Yes

2. Do you have a trading name?

No

Please give the trading name of the business.

Business address

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

Postcode	Phone number	
	Fax number	

Tax representative

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

Name	
Address	
	Phone number
Postcode	Fax number

VAT1C

IB(March 2000)

Status

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

Business activities

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

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Bank details

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

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

Computer accounts

8.	Is your accounting system computerised?	

Computer type			
Software		Version	

Relevant supplies

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

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

Status: Point in time view as at 01/04/2001.	
Changes to legislation: There are currently no known outstanding effects for	~
the The Value Added Tax Regulations 1995. (See end of Document for details)

10.	When did you first have reasonable grounds to believe that you were going to make relevant supplies? Date			
11.	What value of relevant supplies do you expect to make in the next 12 months?			
	£			
12.	Do you make any other taxable supplies in the UK?			
	Yes No			
	If, "Yes", enter the estimated value of all taxable supplies, other than your relevant supplies, that you expect to make in the UK in the next 12 months.			
Tran	sfer of assets			
13.	Are you registering because VAT has been recovered by a predecessor in connection with the relevant supplies you have made, or intend to make?			
	Yes No			
	If "Yes", give the name(s) and address(es) of the person(s) who recovered VAT under either the Eighth or Thirteeneth Directive refund schemes.			
ſ	[
Exer	nption			
14.	Do you want exemption from registration because your relevant supplies are wholly zero-rated?			
	Yes No			
	If "Yes", give the expected value of your zero-rated supplies in the next 12 months.			
	Zero-rated relevant supplies			
Othe	r VAT registrations			
15.	Are you involved in, or have you (or any other partners or directors in your business) been involved in any other businesses in the past 5 years?			
	Yes No			
	If "Yes", give the names and VAT registration numbers of these businesses. (Continue on a separate sheet, if necessary)			
(
VAT1	C IB(March 2000)			

Declaration

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

Signature			Date
Full name			
What is your position	in the business? (Please tick)	
Proprietor		Partner	Director
Company Secretary		Trustee	Other
			If "Other", give details
Checklist			
 Have you signed 	vered every questic ed the form? demember to compl		

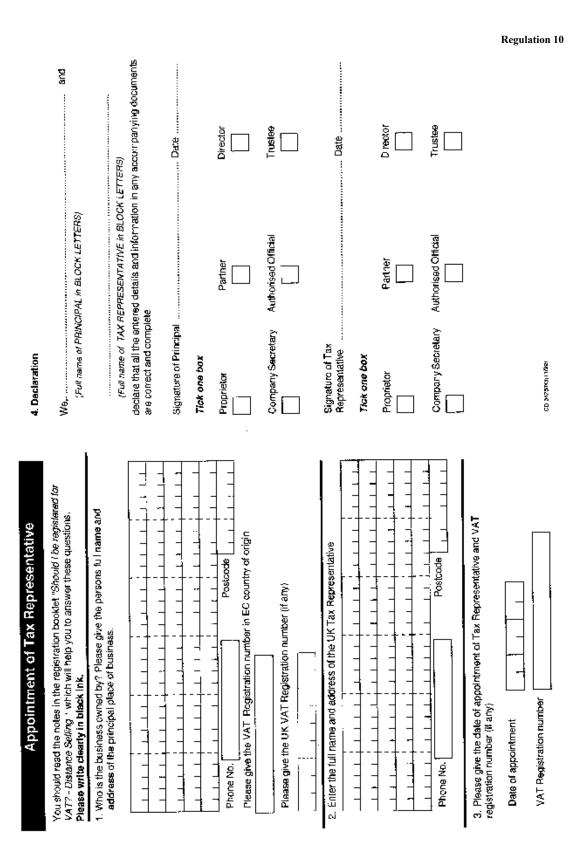
Appointing a tax representative? Remember to complete Form VAT1TR

What to do next

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

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

			D M	Y Stagger Status
Local office code and registration number				
Name			Trade classification	Taxable turnover
Trade name				
	Comp. Group user Div Intg. Overse	eas Intg. EC V.	alue of Sales to EC	Value of Purchases from EC
Registration	Obligatory/Voluntary	Exemption	Intending	Transfer of Regn No
Approved - Initial/date				
Refused - Initial/date				
Form issued - Initial/date	VAT9/ other	VATB	Letter	Approval letter
T1C		IB(March 2000)		



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Regulation	191(1)
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VAT 65A

de de	is in Aet	ie your test application? Il not, please plue arance No.
official authority to which the application is addressed	L	HM Gustoms and Excise APPLCATION VAT Overseas Repayments by a business person not 8th/13th Directive by a business person not Custom House established in the Community for PO Box 34 REFUND OF LONDONDERRY BT49 7AE VALUE ADDED TAX Northern Ireland Defore (illing in)
		Forenames and sumalifie or name of time of applicate
	Ι.	House number and street name
	1	Place, country and post code
	F	i i i i i i i i i i i i i i i i i i i
	2	Particulare of the Official Authority and textouelness Registration No. In the country in which the applicant is setablicated or has his ther domicile or
	3	normal place of residence
	4	Periodi la which the application refers to Year Month Year Month Year
	6	Total amount of refund requested (in Sigures; (see overlea) for femore 5(2)
	6	The appRoam requests the refund of the amount shown in heading 5 in the meanner described in heading 7
(*) Insert x		Method of asthement requested (*) Bank Boount Bookal
appropriate	1	Accourt number of financial body
box		
	7	
	Ľ	Name and address of the imancial body
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	8	
	L.	No. of documents endosed
		 (a) that the goods or services specified overleas were used for the following business activities in the United Kingdom
	9	(b) that in the United Kingdom during the period covered by this application, he/she engaged in the second seco
	[(*) no sucpty of goods or services
(*) Insert a 🕨 🕨		(*) only the provision of services in respect of which tax is payable solely by the person to whom they are supplied
appropriate box		(*) only in the provision of certain exempted transport services ancillary thereto
		 (c) that the particulars given in this application are true
		The applicant undertakes to pay back any monies wrongfully obtained
		At
		NOTE: Box 10 everleaf NUST be completed
VAT 65A	¢	Page 1, [7554[January 1994]

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 invoice 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	suggries to travel agents which are for the direct benefit of travelers. Under this scheme the term "travel agent "ine uper teu
	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
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		Pa	2⇔3 TOTAL		

CD 0074/9/NB(01/84)

	Regulation 191(1)(b)
	ficate of Status of usiness Person
The undersigned(Name	t and address of official authority)
certifies that	(Name of business person)
	(Noture of activity)
	ddress of the Establishment)
is a registered business person in	(Name of country)
*his registration number being	
Date	Signature
Office date stamp	(Name and grade)
*If the applicant does not have a state the reason for this.	registration number, the official authority should

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.

Your full game	Name of occupant of dwelling (if different)			
Il you are claiming on behall of a charity:				
Name of charity	Your status (ie Secretary, Director, duly authorised person)			
1. Address of building you are cleening for	2. Your address (f different)			
	Postcode 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			
	Ih year day month year 19 19			
	If Yest, you must give the VAT			
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 3 (Taken from 'VAT paid' colu	mn of Part 3)			
Total amount of VAT claimed on Part 4 (Taken from Calculated VA	T' column of Part 4)			
Той	al amount claimed			
Declaration				
I deplare that:				
I have read Nokee /19 State and information on this form and any	 Lam only reclaiming VAT which was correctly charged to me, and which Loaid, on goods Limported or bought from a VAT 			
 accompanying documents are correct registered supplier 				
 no other cloim has been, or will be, made for these supplies planning permission has been granted for the building described in Perl 2. 				
 'the building described in Part 2 is to be used solidly for the purposes of the charity named above 				
Signature of person making the claim	.,			

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, WARNING

VAT 431 (Pt 1) LVO copy

page ?

PD/DIA (December 1990)

Зенете и полирок сило

A	VAT DIV.)					- 0	Na 	ime of claimant	(BLOCK LETTE)
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Name of claimant (BLOCK LETTE)	RS∤

Part 3: Goods and materials claimed for where the Invoices show VAT separately

When you fill in this part, yo						
 Ilst those goods and mate 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 items not cov the scheme 	items = - the list gives /ered by	 either subtract the amoundation of the subtract the amoundation of the subtract of the subtract it is attach all the original invoice order as they are 	rom the or put it in red in from the total th ci oices and ; Part in the	Please write in black ink, cross out any mistakes you make and insert the correct details above them. The person making the claim must initial the alterations.		
f Brief description of goods	2 Quantity of goods	3 Supplier's name	4 Invoice number other reference nu (eg Customs entry)	imber VAT paid	p	
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VAT 431 (Pt 3)

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Carry forward overleat

SER. VAT refunds for	Name of claimant (BLOCK LETTERS)
DIY builders	
/麻柳、	
Part 4: Goods and materials claimed for	
where invoices don't show VAT sepa	
- Antere in the local dates and the second	

When you fill in this Part, you must:

- tist those goods and materials for which you were charged VAT but the suppliers' invoices do not show it separately. Don't include items not eligible for the scheme - the list at the back of Notice /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	4 Invoice	5 Total amo paid for goo	ods	6 Calcula:e	
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VAT 431 (Pt 4)

PDD04 (January 1990)

Carry forward overleaf

Regulation 21, 22, 23

و الله الله		Value Added Tax EC Sales list For the period To										
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Ľ	l	of pages completed				.l				complet camplet	tod ;	
Dec	aratic	n: You, or someone on your behalf, n	πustsgi	n belov	w					_		
		(Full name of sign								d	clare th	at the
		r given above and on any continuation										
Şigr	nature .						Date				19	
-		A faise declaration may lease supply a										
Gont	act Nar	٩ e ;					Telephor	neinum	ber: .			
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Form No. 13

	Regulation 22(6), 23
📩 New Means of	Transport Ref
for removal from the UK to another Memb See notes overleaf before completing	
NN Conference and States	·
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
	Vat Registration No. GB
ilelephone	Details of the New Means of Transport
Permanent/Temporary (Delete as applicable)	Motorised Ship Aircraft
Full address in Member State of Destination	Motorised Ship Aircraft Land Vehicle (Tick as applicable)
	Make
	Model
Telephone	Colour
Permanent/Temporary (Delete as applicable)	Registration No.
Are you: a UK Resident? an overseas visitor?	Engine No.
F	Chassis/Hull/Altframe No.
(Tick one box)	Invoice No. and date
VEC NO	Date of Supply
Are you a serving member YES/NO 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
 I 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	Signature
Transport described above within 2 months of the date of supply it will become liable to forfeiture and UK taxes	Date
will become due;	Status; Proprietor/Parhier/Director/Company Secretary/Authorised Person (Delete as applicable)
 The information I have given above is correct. 	1
Signature	
Date	
VAT 411 (Customs Copy) Page 1 Pol. (J.4	j , 1905:

Regulation 204(c)

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H M Customs and Exclase

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3.

Value Added Tax Flat Rate Scheme for Agriculture Application for Certification

Notes to help you complete this form are on the reverse. Please read them carefully
Please enter your FULL NAME in BLOCK LETTERS. (See note 1)

		_
2.	Please enter the ADDRESS of your BUSINESS. (See note 2)	

Postcode	Tel No.	
Please describe your BUSINES	S INCLUDING NON-FARMING ACTIVITIES. (See not	e 3)

4,	Please enter th	e ESTIMATED	VALUE	of AGRIC	ULTUF	RAL	SUPPL	IES	

you expect to make in the next 12 months. (see note 4)

5.	Please enter the ESTIMATED VALUE of SUPPLIES OF OTHER GOODS and	
	SERVICES which you expect to make in the next 12 months. (See note 5)	

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 ti	he following declaration :

letter your full remem BLOCK LETTERS) declare that the information entered on this form is true and complete.				
1 apply for cancellat	tion of the VAT regist	ration shown at box 7 abo	ove,	
Signature			Date	
Tick one box	Proprietor Partner	Director	Trustee Authorised Official	
Initials and Date		For Official Use	· · · · · · · · · · · · · · · · · · ·	
d	, LVO	тс	Abbreviated name	
ifd (EDC			
T 98 (D 3054-N/)	(3857);	F 68012	исхио Маке	

					Regu	lation	178(1)(a)
da	lş ıl	nis your first appleat on? If not please give				ı I	VAT 65
1	Fiel						
H M Cusions	1						
Competent authority to which the application	•			by a stablishe VAL	PPLICA busines d in the REFUNI UE ADD d the co	a persor Commun O OF DED TAX	n ty for (
is addressed	Ŀ	"		b	efore fill	ing in)	
	F	Forenemes and surname or heres of firm of apolicanu					
		Ling in the State of the second street in the secon					
	1	Pasce, country and cost code:		. ملينام .	<u> </u>		
	Į	Nature of applicants business			<u></u>		
	Ļ.2	4					
	ja	Panioulars of the Office: Authority and taxibus risks Registration Ro. in the country mwhich the ap normal place of residence	י ציזראונאו			ner monaur	ea.
	4	Period to which the application refere	ļ	Month	From Year	Menth	Vear
	5	Total amount of reform requested (in ligures) [see overlas' for lenised1st)		; I	1 : .		
	6	The applicant requests the refund of the amount shown in heading B in the manner describer in he	-		·		
(*) Insert x	•	Method of settlement requested (*) Bank account	Pos aco				
aporophale box		Account number of	Timancial t	ody			
	-	Account in the name of				·	
	17	# . # :	1 1, 1	J. 1.	1	>	
	ĺ	Name and address of the financial body	, 4 1		. <u></u>		
		<u> </u>			<u> </u>		<u> </u>
		<u>}</u>			I I		
		<u>.</u> 1			I I		
	8	No. of docurrents enclosed	nport sacu	narts			
		The applicant hereby declares [3] (3) that the goods or services specified overleaf were used for the following business of the following business o	siese act	wties in t	he United	i Kingdon	
							· · · · ·
						•••••	
		i					
	9	(a) the unite United Kingdom outing the period covered by this application, held	she enga	ged a			İ
		(i) the supply of goods or services					
() lateri x	•	() only the provision of services in respect of which tax is pay-jule as	ulely by :	he bersor	- lo which	they are) supplied
en the sopropriate box		() on y in the provision of certain exempted transport services and it	ary there	to			
		(c) that the pationiars given in this application are pro-					İ
		The asplicant undertakes to pay back any innnies wrongfully optained					
		A:					'
		NOTE: Box "Devertes i MUST he completed					
		Page I.				;	
VAT 65		PG_1(7ay 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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			C/F		· · · · ·

2) You are reminded that when tax is incurred by faxable persons who receive VAT group treatment, the group representative member must apply on behalf of all the members. As the supporting invoices produced will not necessarily be addressed to the representative member, the status certificate must also contain the names of those oroup 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	Amoust of tax refuse 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

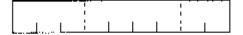
The undersigned

(Name of local VAT office)

Regulation 178(1)(b)(i)

Address			
	 	 	 ••••

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(07/91)	

[^{F4}Form No. 17CERTIFICATE REQUIRED TO SECURE RELIEF FROM VAT ON PURCHASED OR ACQUIRED GOODS INTENDED TO BE PLACED IN A FISCAL WAREHOUSING REGIME

Information to be indicated:

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

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

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

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

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

(signature)

(date)

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

Textual Amendments

F4 Sch. 1 Forms 17, 18 Form added (28.4.1996) by The Value Added Tax (Amendment) (No. 3) Regulations 1996 (S.I. 1996/1250), regs. 1(1)(2), 15, Sch. 1

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

Information to be indicated:

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

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

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

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

F4 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

[^{F5}SCHEDULE 1A

Regulation 145F

Textual Amendments

F5 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 01/04/2001.

Changes to legislation:

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