Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995. (See end of Document for details)

# F1F2F3F4SCHEDULE 1

Regulation 5(1)

#### **Textual Amendments**

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

### **Commencement Information**

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

#### Regulation 5(1)



# **Value Added Tax**

Application for registration

Please read VAT Notice 700/1: Should I be registered for VAT? before you begin to complete the application form as the explanatory notes will help you.

If you have any problems completing the form please contact the National Advice Service on 0845 010 9000 or visit our website at www.hmce.gov.uk.

You must answer all questions as directed. Write clearly in black ink and use CAPITAL LETTERS

VAT 1

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

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

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|        | nputer accounts  |   |
|--------|--|---|
| 1      | Is your accounting system computerised? (Please tick)  | Yes No  If yes, please give details of the software used in compiling your accounts.  Software  Version   |
| an     | nk details   |   |
| 2      | Please give details of the bank or building society account that you use for the business.   | Sort code Account number  or Girobank account number  |
| Ī      | The describe to  | al data of mariatoration  |
| Ġ      | art 3 The taxable turnover ar  | d date of registration  |
|        | rt of business   |   |
| а      | it of busiless   |   |
| а      |  | -   |
|        | For the purposes of VAT, all the goods or services you or services – are called 'taxable supplies', whether yo make for your business are not your taxable supplies.  Have you made any taxable supplies yet?  | u are registered for VAT or not. The purchases you  |
|        | For the purposes of VAT, all the goods or services you or services – are called 'taxable supplies', whether yo make for your business are not your taxable supplies.   | u are registered for VAT or not. The purchases you  |
|        | For the purposes of VAT, all the goods or services you or services – are called 'taxable supplies', whether yo make for your business are not your taxable supplies.  Have you made any taxable supplies yet?  | u are registered for VAT or not. The purchases you  Yes No  If yes, give the date of your first taxable supply.   |
| 3      | For the purposes of VAT, all the goods or services you or services – are called 'taxable supplies', whether yo make for your business are not your taxable supplies.  Have you made any taxable supplies yet?  (Please tick)   | u are registered for VAT or not. The purchases you  Yes No  If yes, give the date of your first taxable supply.  If no, give the date you expect it to be.  |
| 3      | For the purposes of VAT, all the goods or services you or services – are called 'taxable supplies', whether yo make for your business are not your taxable supplies.  Have you made any taxable supplies yet?  | u are registered for VAT or not. The purchases you  Yes No  If yes, give the date of your first taxable supply.  If no, give the date you expect it to be.  |
| 3      | For the purposes of VAT, all the goods or services you or services – are called 'taxable supplies', whether yo make for your business are not your taxable supplies.  Have you made any taxable supplies yet?  (Please tick)   | u are registered for VAT or not. The purchases you  Yes No  If yes, give the date of your first taxable supply.  If no, give the date you expect it to be.  |
| us     | For the purposes of VAT, all the goods or services you or services – are called 'taxable supplies', whether yo make for your business are not your taxable supplies.  Have you made any taxable supplies yet?  (Please tick)  Have you taken over a VAT registered business from someone else as a going concern, or changed the legal entity that owns the business (for example from a sole  | yes No  If yes, give the date of your first taxable supply.  If no, give the date you expect it to be.  Date of first taxable supply  Yes No (If no proceed to question 18)  If yes, what date did the transfer of the business or change in legal entity take place? |
| 3<br>1 | For the purposes of VAT, all the goods or services you or services – are called 'taxable supplies', whether yo make for your business are not your taxable supplies.  Have you made any taxable supplies yet?  (Please tick)  Have you taken over a VAT registered business from someone else as a going concern, or changed the legal entity that owns the business (for example from a sole proprietor to a limited company)? (Please tick)                              | yes No  If yes, give the date of your first taxable supply.  If no, give the date you expect it to be.  Date of first taxable supply  Yes No (If no proceed to question 18)  If yes, what date did the transfer of the business or change in legal entity take place? |
| 3<br>4 | For the purposes of VAT, all the goods or services you or services – are called 'taxable supplies', whether yo make for your business are not your taxable supplies.  Have you made any taxable supplies yet?  (Please tick)  Have you taken over a VAT registered business from someone else as a going concern, or changed the legal entity that owns the business (for example from a sole proprietor to a limited company)? (Please tick)  Who was the previous owner? | yes No  If yes, give the date of your first taxable supply.  If no, give the date you expect it to be.  Date of first taxable supply  Yes No (If no proceed to question 18)  If yes, what date did the transfer of the business or change in legal entity take place? |

|      | We need the following information to determine whether entitled to be registered. The total value of your taxable taxable turnover. The question of whether you need to be your taxable turnover in any past period of 12 months of turnover in any period then beginning of 30 days alone. | supplies (see 'Start of business' above) is called your<br>be registered for VAT will depend upon the level of<br>r less, or on the anticipated level of your taxable        |
|------|---|--|
| 3    | Have your taxable supplies, in the past 12 months or less, gone over the registration limit and/or has there been a point in the past when taxable supplies in the previous 12 months or less exceeded the registration limit? (Please tick)  | Yes No  If yes, please give the date they exceeded. (The current limits are in Notice 700/1: Should I be registered for VAT?)  |
|      |   | My taxable supplies exceeded the threshold on  |
|      |   | You will be registered from the first day of the second month following, eg. If your taxable supplies exceeded the threshold in June you will be registered from 1st August. |
| 9    | Do you expect the taxable supplies you will make<br>in the next 30 days alone will exceed the registration<br>limit and/or has there been a date in the past  | Yes No (If no proceed to question 22)  |
|      | when there were grounds for believing that your taxable supplies would exceed the registration limit in the next 30 days alone? (Please tick)   | My expectation arose on  You will be registered from the date the expectation arose.   |
| )    | Do you wish to be registered from a date earlier than the date on which you are obliged to be registered? (Please tick)   | Yes No (If no proceed to question 23)  |
| 1    | From what date would you like to be registered?   | Proceed to question 23)  |
| a lu | intary registration   |  |
| 2    | I am applying for voluntary registration<br>because: (Please tick)  | My taxable turnover is below the current registration threshold.   |
|      |   | I am not currently making taxable supplies but intend to in the future.  |
|      |   | I am established or have a fixed establishment in the UK and make or intend to make supplies only outside the UK.  |
|      | I would like to be registered from  |  |
| alu  | ue of your supplies   |  |
|      | Please estimate the value of taxable supplies   | ٤  |

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| Do you expect to make any exempt supplies?  | Yes No  |
|---|---|
| (For more information about exempt supplies see   | If <b>yes</b> , estimate the value of exempt supplies you   |
| Notice 700/1: Should I be registered for VAT?)  | expect to make in the next 12 months.   |
| (Please tick)   | £   |
| EC Trade (A list of EC Member States is in Notice 700/1: Should I be registered for VAT?)   |   |
| Please tell us the value of goods you are likely  | <b>£</b>  |
| to buy from other EC Member States or sell to other EC Member States in the next 12 months  | Sell £  |
|   |   |
| mption from registration  |   |
| Do you want exemption from registration because your taxable supplies are wholly  | Yes No  |
| or mainly zero-rated?   | If <b>yes</b> , give the expected value of your zero-rated supplies in the next 12 months.  |
|   |   |
| art 4 Your details and declar   | r   |
| ne address and National Insurance number  | ration rational Insurance number  |
| Please give your full home address and your N  Sole proprietors – give your home address and  | r ational Insurance number National Insurance number below  |
| Please give your full home address and your N  Sole proprietors – give your home address and Partnerships – give home address and National  | aration  r  ational Insurance number  National Insurance number below  Insurance numbers of all partners on form VAT 2  |
| Please give your full home address and your N  Sole proprietors – give your home address and National  Partnerships – give home address and National  Corporate bodies – give home address and Natisecretary or authorised signatory signing the apprentice of the secretary of authorised signatory signing the apprentice of the secretary of authorised signatory signing the apprentice of the secretary of authorised signatory signing the apprentice of the secretary of authorised signatory signing the apprentice of the secretary of authorised signatory signing the apprentice of the secretary of authorised signatory signing the apprentice of the secretary of authorised signatory signing the apprentice of the secretary of authorised signatory signing the apprentice of the secretary of the | ration  rational Insurance number National Insurance number below Insurance numbers of all partners on form VAT 2 conal Insurance number of the director, company Slication form. If you are signing as an authorised by a director or company secretary. This must include   |
| Please give your full home address and your N  Sole proprietors – give your home address and Partnerships – give home address and National Corporate bodies – give home address and Natisecretary or authorised signatory signing the appropriate signatory include a letter of authorisation signed their home address and National Insurance num  | ration  rational Insurance number National Insurance number below Insurance numbers of all partners on form VAT 2 conal Insurance number of the director, company Slication form. If you are signing as an authorised by a director or company secretary. This must include   |
| Please give your full home address and your N  Sole proprietors – give your home address and National Partnerships – give home address and National Corporate bodies – give home address and Nati secretary or authorised signatory signing the appingnatory include a letter of authorisation signed their home address and National Insurance num Unincorporated bodies – give home address and application form.  Home address   | aration  rational Insurance number National Insurance number below Insurance numbers of all partners on form VAT 2 conal Insurance number of the director, company Dication form. If you are signing as an authorised by a director or company secretary. This must include ber.  |
| Please give your full home address and your N Sole proprietors – give your home address and Partnerships – give home address and National Corporate bodies – give home address and Natisecretary or authorised signatory signing the applicatory include a letter of authorisation signed their home address and National Insurance num Unincorporated bodies – give home address and application form.  Home address (If you have lived at this address for less than three years please provide details of your previous home   | aration  rational Insurance number National Insurance number below Insurance numbers of all partners on form VAT 2 conal Insurance number of the director, company Dication form. If you are signing as an authorised by a director or company secretary. This must include ber.  |
| Please give your full home address and your N  Sole proprietors – give your home address and National Partnerships – give home address and National Corporate bodies – give home address and Nati secretary or authorised signatory signing the app signatory include a letter of authorisation signed their home address and National Insurance num Unincorporated bodies – give home address and application form.  Home address (If you have lived at this address for less than three   | aration  rational Insurance number National Insurance number below Insurance numbers of all partners on form VAT 2 conal Insurance number of the director, company Dication form. If you are signing as an authorised by a director or company secretary. This must include ber.  |
| Please give your full home address and your N Sole proprietors – give your home address and Partnerships – give home address and National Corporate bodies – give home address and Natisecretary or authorised signatory signing the applicatory include a letter of authorisation signed their home address and National Insurance num Unincorporated bodies – give home address and application form.  Home address (If you have lived at this address for less than three years please provide details of your previous home   | aration  rational Insurance number National Insurance number below Insurance numbers of all partners on form VAT 2 conal Insurance number of the director, company Dication form. If you are signing as an authorised by a director or company secretary. This must include ber.  |
| Please give your full home address and your N  Sole proprietors – give your home address and Partnerships – give home address and National  Corporate bodies – give home address and Nati secretary or authorised signatory signing the apsignatory include a letter of authorisation signed their home address and National Insurance num  Unincorporated bodies – give home address and application form.  Home address (If you have lived at this address for less than three years please provide details of your previous home address on a separate sheet)  National Insurance number   | ational Insurance number National Insurance number below Insurance numbers of all partners on form VAT 2 conal Insurance number of the director, company Dication form. If you are signing as an authorised by a director or company secretary. This must include ber. I National Insurance number of the person signing the  |
| Please give your full home address and your N Sole proprietors – give your home address and National Partnerships – give home address and National Corporate bodies – give home address and Natisecretary or authorised signatory signing the apisignatory include a letter of authorisation signed their home address and National Insurance num Unincorporated bodies – give home address and application form.  Home address (If you have lived at this address for less than three years please provide details of your previous home address on a separate sheet)  | ational Insurance number National Insurance number below Insurance numbers of all partners on form VAT 2 conal Insurance number of the director, company Dication form. If you are signing as an authorised by a director or company secretary. This must include ber. I National Insurance number of the person signing the  |
| Please give your full home address and your N  Sole proprietors – give your home address and Partnerships – give home address and National Corporate bodies – give home address and Natisecretary or authorised signatory signing the apsignatory include a letter of authorisation signed their home address and National Insurance num Unincorporated bodies – give home address and application form.  Home address (If you have lived at this address for less than three years please provide details of your previous home address on a separate sheet)  National Insurance number If you do not have a National Insurance number   | ational Insurance number National Insurance number below Insurance numbers of all partners on form VAT 2 conal Insurance number of the director, company Dication form. If you are signing as an authorised by a director or company secretary. This must include ber. If National Insurance number of the person signing the |

| claration   |  |
|---|--|
| Please sign and date the declaration below (Corporate bodies – a director, company secretary or authorised signatory must sign the form)  | (Insert full name in BLOCK CAPITALS)   |
| I declare that the information given on this form a   | and accompanying document is true and complete.  |
|   | Signature  |
|   | Date   |
| Your position in the business (Please tick one box)   | Proprietor Partner   |
|   | Director Company Secretary   |
|   | Trustee Other (Please give details)  |
|   |  |
| ecklist   |  |
| Have you signed the form?   |  |
| Partnership? Remember to complete and enclose   | se form VAT 2  |
| VAT group? Remember to complete and enclose   |  |
| Corporate body? Have you completed the incorp   | poration details in question 3?  |
| Applying on a voluntary basis because you are not   | • -  |
| your intention to trade such as copies of contra  | cts, details of purchases for your busiless etc.   |
| <ul> <li>Taking over a VAT registration number from a previous form VAT 68 if you wish to retain the VAT number</li> </ul>  | ous owner? Remember to complete and enclose  |
| Taking over a VAT registration number from a previ<br>form VAT 68 if you wish to retain the VAT number  | ous owner? Remember to complete and enclose er you are electing to waive exemption from VAT (opting  |
| Taking over a VAT registration number from a previform VAT 68 if you wish to retain the VAT number.  Involved in land or property-related supplies where  | ous owner? Remember to complete and enclose by you are electing to waive exemption from VAT (opting or 700/1: Should I be registered for VAT?  |
| <ul> <li>Taking over a VAT registration number from a previous form VAT 68 if you wish to retain the VAT number.</li> <li>Involved in land or property-related supplies where to tax)? Have you enclosed details as per Notice.</li> </ul>  | ous owner? Remember to complete and enclose by you are electing to waive exemption from VAT (opting or 700/1: Should I be registered for VAT?  |
| <ul> <li>Taking over a VAT registration number from a previous form VAT 68 if you wish to retain the VAT number.</li> <li>Involved in land or property-related supplies where to tax)? Have you enclosed details as per Notice.</li> </ul>  | ous owner? Remember to complete and enclose by you are electing to waive exemption from VAT (opting or 700/1: Should I be registered for VAT?  |
| Taking over a VAT registration number from a previform VAT 68 if you wish to retain the VAT numbe Involved in land or property-related supplies where to tax)? Have you enclosed details as per Notice Have you notified the Inland Revenue of your busin   | ous owner? Remember to complete and enclose er  you are electing to waive exemption from VAT (opting a 700/1: Should I be registered for VAT?  eless start up?  see send it to the address given in Notice 700/1 given all the necessary information we will usually |
| Taking over a VAT registration number from a previform VAT 68 if you wish to retain the VAT number.  Involved in land or property-related supplies where to tax)? Have you enclosed details as per Notice.  Have you notified the Inland Revenue of your busing to do next?  When you have completed and signed this form pleased should I be registered for VAT? Provided you have | ous owner? Remember to complete and enclose er  you are electing to waive exemption from VAT (opting a 700/1: Should I be registered for VAT?  eless start up?  see send it to the address given in Notice 700/1 given all the necessary information we will usually |

Form No. 2

Signature

VAT 2

Status: Point in time view as at 01/05/2004.

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995. (See end of Document for details)

## Regulation 5(1) For official use only Date of receipt Each partner should complete one of the sections below. Please start at the beginning of each line and leave a space between words. Registration No. (where known) Please use BLOCK CAPITALS and write clearly in ink. Full name Home address Postcode Home telephone Mobile telephone National Insurance Number or Tax Identifier in country of origin Signature Date Partner details Home address Postcode Home telephone Mobile telephone National Insurance Number or Tax Identifier in country of origin Signature Date Partner deta Full name Home address Postcode Home telephone Mobile telephone National Insurance Number or Tax Identifier in country of origin Signature Date Partner detai Full name Home address Postcode Home telephone Mobile telephone National Insurance Number or Tax Identifier in country of origin

Date

Please continue overleaf

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

Form No. 3

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995. (See end of Document for details)

Regulation 6(1)

## Both Parts of this application form must be filled in

## Part 1 To be completed by the new owner

| dage  | 19  |
|---|---|
| from  | (name of previous owner)  |
|   | e already returned Form VAT 1, and apply<br>ner's VAT registration number   |
|   |   |
| If the application is   | granted *I/we agree:  |
|   | r first VAT return to Cuntonn and Excise<br>se for the whole period covered by the  |
| <ul> <li>to send in any n<br/>previous owner</li> </ul>   | sturns due from but not made by the   |
| on supplies made b  | and fixcise, when asked, any VAT due<br>by the previous owner before the business<br>beluding any VAT on stocks and assets<br>is owner. |
|   | nade in the previous owner's name for a<br>osfer date will be regarded as made by   |
| 12 K 1 (2)  |   |
| <ul> <li>that any payment<br/>previous owner bet</li> </ul>   | nt made by Customs and Excise to the<br>fore the realbocation of the registration<br>any right *i/we have to that money.                |
| <ul> <li>that any payment<br/>previous owner bet</li> </ul>   | fore the reallocation of the registration   |
| <ul> <li>that any payment<br/>previous owner before<br/>number will satisfy<br/>signature(s)</li> </ul> | fore the reallocation of the registration   |

# Part 2 To be completed by the previous owner

| date -   | 19   |
|--|--|
| to   |  |
|  | (hame of new owner)  |
| ne registered or *I/wa<br>veluntary registration | we are no longer liable or eligible to<br>withdraw *my/our request for<br>. *I/we agree to the VAT registration<br>ite being allocated to the new owner. |
| If the application is gr                         | ranted *1/we declare that:   |
|  | be audited to uselaim any input tax<br>we rectained if the registration number<br>red  |
|  | by Customs and Excise to the new right *D we have to that money  |
| *I/we have retained                              | distocks and assets valued at  |
| ţ.   | . including VA1:   |
| /we can be contacted of itemsfor:                | at the following address after the date  |
|  | <u></u>  |
|  |  |
|  |  |
| Signature(s)                                     |  |
|  |  |
| (Proprietor, partners, di                        | rector, company secretary, executor)   |
|  |  |

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995. (See end of Document for details)

Regulation 25(1)



# Value Added Tax Return For the period to

For Offici

old Here

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

For official use

VAT due in this period on sales and other outputs

VAT due in this period on acquisitions from other IEC Member States

Total VAT due (the sum of boxes 1 and 2)

VAT reclaimed in this period on purchases and other in

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Status: Point in time view as at 01/05/2004.

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995. (See end of Document for details)

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)



# Final Value Added Tax Return For the period to

Fold Here

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 blat Do not enter more than one amount in any box.

For official use

14

VAT due in this period on sales and other outputs

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

Document Generated: 2024-07-01

Status: Point in time view as at 01/05/2004.

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995. (See end of Document for details)

Form No. 6

Regulation 5(1)

## Application For VAT Registration

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

Do not detach GD (342R)1186)

| <ol> <li>Enter the INAME of the PERSON MAKING DISTANCE SALES to the UK. Write in BLOCK LETTERS and leave a<br/>space between words</li> </ol>  |
|--|
| D. Estable Market My Tay DEDESENTATIVE (non reto 2)  |
| 2. Enter the NAME of the UK TAX REPRESENTATIVE (see note 2)  |
|  |
| <ol><li>Please give the ADDRESS of the TAX REPRESENTATIVE or the ADDRESS of the PERSON NAMED at box 1 if a<br/>tax representative has not been appointed</li></ol>   |
|  |
| Phone No.  |
|  |
| 4. Describe your main BUSINESS ACTIVITY IN FULL please (See note 4)  |
|  |
|  |
|  |
| 5. Who is the BUSINESS OWNED by ? (See Note 5 and tick ONE BOX only)  Sole Proprietor  |
| or Partnership Please ensure you ALSO complete form VAT 2.  or Limited Company   |
| of Limiter 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   |
|  |
| 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   |
| 7. Do you use a COMPUTER FOR ACCOUNTING? (See Note 7 and tick one box only)  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? |

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995. (See end of Document for details)

| <ol> <li>Have you exercised the OPTION TO MAKE THE PLACE OF SUPPLY THE UK, although you have NOT exceeded<br/>the UK threshold? (see note 9)</li> </ol> |
|---|
| Tick one box  |
| NO 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)  |
| I am REQUIRED TO BE REGISTERED from   |
| But I would LIKE TO BE REGISTERED from this earlier date  |
|   |
| t2. 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   |
| Σ   |
| 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 an <del>e</del> box  |
| Prophetor Partner Director  |
| Company Secretary Authorised Official Trustee (including tax representative)  |
| CD3429/2/N3/1198]   |

Document Generated: 2024-07-01

Status: Point in time view as at 01/05/2004. Changes to legislation: There are currently no known outstanding effects for

the The Value Added Tax Regulations 1995. (See end of Document for details)

Regulation 5(1)

# **Application For VAT Registration**

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

Please write clearly in black ink.

coladaya (1921 Do not detach

VAT 1B

OD 8490/0045(15/92)

Status: Point in time view as at 01/05/2004.

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995. (See end of Document for details)

| 2. Enter your TRADING NAME if it is different from the name entered at 1  3. Enter the address of your PRINCIPAL PLACE OF BUSINESS  Phone No.  4. Describe your main BUSINESS ACTIVITY IN FULL please (See note 4)  5. Who is the BUSINESS OWNED by ? (Sea Note 5 and tick CNE BOX only)  Sale Proprietor  or Partnership  Please enter details from Company Incorporation Certificate below.  Number  Date  or Other  Please give details  6. Enter EITHER your BANK SORT CODE  and ACCOUNT NUMBER  or your GIROBANK ACCOUNT NUMBER | 1. Enter your FULL NAME, Write in BLOCK LETTERS and leave a space between words   |
|--|---|
| 2. Enter your TRADING NAME if it is different from the name entered at 1  3. Enter the address of your PRINCIPAL PLACE OF BUSINESS  Phone No.  Postcode  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 enter details from Company Incorporation Certificate below.  Number  Date  or Other  Please give details   |   |
| 3. Enter the address of your PRINCIPAL PLACE OF BUSINESS  Phone No.  Postcode  4. Describe your main BUSINESS ACTIVITY IN FULL please (See note 4)  Sole Proprietor  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 • Please give details   |   |
| 3. Enter the address of your PRINCIPAL PLACE OF BUSINESS  Phone No.  Postcode  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)  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  or Other  Please give details  | 2. Enter your THADING NAME if it is different from the name entered at 1  |
| Phone No.  Postcode  4. Describe your main BUSINESS ACTIVITY IN FULL please (See note 4)  5. Who is the BUSINESS OWNED by ? (See Note 5 and tick CNE 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  Please give details  | <del>                                     </del>  |
| Phone No.  Postcode  4. Describe your main BUSINESS ACTIVITY IN FULL please (See note 4)  5. Who is the BUSINESS OWNED by ? (See Note 5 and tick CNE 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  Please give details  |   |
| Phone No.  Postcode  4. Describe your main BUSINESS ACTIVITY IN FULL please (See note 4)  5. Who is the BUSINESS OWNED by ? (See Note 5 and tick CNE 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  Please give details  | 3. Enter the address of your PRINCIPAL PLACE OF BUSINESS  |
| Phone No.  Postcode  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)  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  Please give details  | U. Enter the accress of your Principle of Bookless  |
| Postcode  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)  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  or Other  Please give details   |   |
| Postcode  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)  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  or Other  Please give details   | <del></del>   |
| Postcode  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)  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  Or Other  Please give details   | Phone No.   |
| 4. Describe your main BUSINESS ACTIVITY IN FULL please (See note 4)  5. Who is the BUSINESS OWNED by ? (See Note 5 and tick ONE BOX only)  Sole Proprietor  or Partnership  Please ensure you ALSO complete form VAT 2.  or Limited Company  Please enter details from Company Incorporation Certificate below.  Number  Date  or Other  Please give details   |   |
| 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  Or Other  Please give details  | Postcode  |
| 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  Or Other Please give details   | 4. Describe your main BUSINESS ACTIVITY IN FULL please (See note 4)   |
| 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  Or Other Please give details   |   |
| 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  Or Other Please give details   |   |
| 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 Please give details  |   |
| or Limited Company Please enter details from Company Incorporation Certificate below.  Number Date Other Please give details   | 5. Who is the BUSINESS OWNED by ? (See Note 5 and tick ONE BOX only)  |
| Number Date Cor Other • Please give details  | Sale Proprietor   |
| or Other  Please give details  | Sale Proprietor   |
|  | Sale Proprietor  or Partnership  Please ensure you ALSO complete form VAT 2.  |
| 6. Enter EITHER your BANK SORT CODE and ACCOUNT NUMBER or your GIROBANK ACCOUNT NUMBER   | Sale Proprietor  or Partnership  Please ensure you ALSO complete form VAT 2.  or Limited Company  Please enter details from Company Incorporation Certificate below.  |
| 6. Enter EITHER your BANK SORT CODE and ACCOUNT NUMBER or your GIROBANK ACCOUNT NUMBER   | 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  |
|  | 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  Please give details   |
|  | 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  Or Other  Please give details   |
| 7. Do you use a COMPUTER FOR ACCOUNTING ? (See Note 7 and tick one box only) YES NO  | 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  Or Other  Please give details   |
|  | 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  Or Other  Please give details  6. Enter EITHER your BANK SORT CODE and ACCOUNT NUMBER or your GIROBANK ACCOUNT NUMBER   |
|  | 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  Or Other  Please give details  6. Enter EITHER your BANK SORT CODE and ACCOUNT NUMBER or your GIROBANK ACCOUNT NUMBER   |
| 8. Have you made any ACQUISITIONS yet ? (This is IMPORTANT - please see Note 8)  | Sole Proprietor  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  Please give details  6. Enter EITHER your BANK SORT CODE and ACCOUNT NUMBER or your GIROBANK ACCOUNT NUMBER  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)  Yes, I STARTED on [ [ [ Enter date you made your first acquisition) ]   | 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  Or Other  Please give details  6. Enter EITHER your BANK SORT CODE and ACCOUNT NUMBER or your GIROBANK ACCOUNT NUMBER  7. Do you use a COMPUTER FOR ACCOUNTING? (See Note 7 and tick one box only)  NO  8. Have you made any ACQUISITIONS yet? (This is IMPORTANT - please see Note 8)                                      |
|  | or Partnership Please ensure you ALSO complete form VAT 2.  or Limited Company Please enter details from Company Incorporation Certificate below.  Number Date Grant Company Please give details  or Other Please give details Grant NUMBER Or your GIROBANK ACCOUNT NUMBER  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)  Yes, I STARTED on (Enter date you made your first acquisition) |
| 8. Have you made any ACQUISITIONS yet ? (This is IMPORTANT - please see Note 8)  | Sole Proprietor  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  Please give details  6. Enter EITHER your BANK SORT CODE and ACCOUNT NUMBER or your GIROBANK ACCOUNT NUMBER  7. Do you use a COMPUTER FOR ACCOUNTING? (See Note 7 and tick one box only) YES  NO  |
|  | 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  Or Other  Please give details  6. Enter EITHER your BANK SORT CODE and ACCOUNT NUMBER or your GIROBANK ACCOUNT NUMBER  7. Do you use a COMPUTER FOR ACCOUNTING? (See Note 7 and tick one box only)  NO  8. Have you made any ACQUISITIONS yet? (This is IMPORTANT - please see Note 8)                                      |
| Yes, I STARTED on (Enter date you made your first acquisition)   | or Partnership Please ensure you ALSO complete form VAT 2.  or Limited Company Please enter details from Company Incorporation Certificate below.  Number Date Grant Company Please give details  or Other Please give details Grant NUMBER Or your GIROBANK ACCOUNT NUMBER  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)  Yes, I STARTED on (Enter date you made your first acquisition) |

| <ol> <li>Has the VALUE of your ACQUISITIONS from persons in other EC countries exceeded the registration limit at any<br/>time in the calendar year commencing 1st January 1993 or any subsequent calendar year?</li> </ol>  |
|--|
| Yes and I exceeded the threshold on  |
| because the value of my acquisitions from 1st January amounted to 2 Go to 10   |
| No because the value of my acquisitions from 1st January amounted to 2   |
| If the answer is NO do you expect the value of ACQUISITIONS you will make in the next 30 days to exceed the registration limit?  |
| Yes Go to 10 No Go to 11   |
| 10. If the answer to EITHER PART OF QUESTION 9 is YES, from what date MUST you be registered for VAT? (See note 10) - This is VERY IMPORTANT  I am required to be registered from  |
| 11. Lam NOT HEQUIRED 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 £  |
|  |
| you have made in the last 12 months £  |
| you have made in the last 12 months £  NO  Do you wish to request EXEMPTION from registration because all your acquisitions are ZERO-RATED?  Yes and my zero-rated acquisitions amount to £  |
| you have made in the last 12 months    NO    Do you wish to request EXEMPTION from registration because all your acquisitions are ZERO-RATED?  Yes  and my zero-rated acquisitions amount to    No    No   |
| you have made in the last 12 months £  NO  Do you wish to request EXEMPTION from registration because all your acquisitions are ZERO-RATED?  Yes and my zero-rated acquisitions amount to £  No  14. Declaration   |
| you have made in the last 12 months £  NO  Do you wish to request EXEMPTION from registration because all your acquisitions are ZERO-RATED?  Yes and my zero-rated acquisitions amount to £  No  14. Declaration  (Full Name in BLOCK LETTERS)   |
| you have made in the last 12 months    NO  |
| you have made in the last (2 months £  NO   Do you wish to request EXEMPTION from registration because all your acquisitions are ZERC-RATED?  Yes and my zero-rated acquisitions amount to £  No   14. Declaration  (Full Name in BLOCK LETTERS)  declare that all the entered details and information in any accompanying documents are correct and complete  Signature |

Form No. 7A

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995. (See end of Document for details)

#### 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

| Nam | ne                        |  |
|-----|---------------------------|--|
| 1.  | Partnerships partners (pa | tors - please give your full name. s - please give your trading name. If you do not have one, give the names of all rtnerships must also complete form VAT 2). r unincorporated bodies - please give the name of the company, club, association etc. |
|     |                           |  |
| 2.  | •                         | a trading name? Yes No the trading name of the business.   |
|     |                           |  |
| Bus | iness addres              |  |
| 3.  | Please give               | the address of your principal place of business.   |
|     |                           |  |
|     | Postcode                  | Phone number   |
|     |                           | Fax number   |
| Tax | representativ             | re ·   |
| 4.  |                           | appointed a tax representative to deal with your VAT matters in the UK please give below.  |
|     | Name                      |  |
|     | Address                   |  |
|     |                           | Phone number   |
|     | Postcode                  | Fax number   |
| VAT |                           | IR/March 2000)   |

| State | ıs   |   |
|-------|--|---|
| 5.    | What is the structure/legal status of the              | business? (Please tick)   |
|       | Sole proprietor  | Partnership   |
|       | Corporate body   | (Please give your company incorporation details)                  |
|       |  | Certificate number Date   |
|       | Unincorporated body                                    | Please give details   |
|       |  |   |
| Busi  | ness activities  |   |
| 6.    |  | o do? Tell us about your current or intended business activities. |
| 1     |  |   |
|       |  |   |
|       |  |   |
| (     |  |   |
| Banl  | k details  |   |
| 7.    | Please give your UK bank details or you                | ur tax representative's bank details.                             |
|       | Sort code  | Account number  |
|       |  | or  |
|       | No bank account (please tick)                          | Girobank account number   |
| C     | unutar accounts  |   |
| 8.    | puter accounts  Is your accounting system computerised | 12  |
| 0.    |  |   |
|       | Yes (Give details below)                               | No  |
|       | Computer type  |   |
|       |  |   |
|       | Software   | Version   |
| Rele  | vant supplies  |   |
| 9.    | Have you made any relevant supplies y                  | et? (Please tick one box)   |
|       |  |   |
|       | Yes, I made my first relevan                           | t supply on   |
|       | No, but I expect to make my                            | first relevant supply on  |
|       |  |   |
| VAT1  | C  | IB(March 2000)  |

VAT1C

Status: Point in time view as at 01/05/2004.

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 | esfer 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.            |
| (    |   |
|      |   |
|      |   |
| Exe  | mption  |
| 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 | er 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)                                  |
| ſ    |   |
|      |   |
|      |   |
|      |   |
| (    |   |

IB(March 2000)

| Declaration  16. I declare that the information given on this form and contacomplete.   | ained in any accompanying document is true and  |
|---|---|
| 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   |   |
| <ul> <li>Have you answered every question?</li> <li>Have you signed the form?</li> <li>Partnership? Remember to complete Form VAT 2</li> <li>Appointing a tax representative? Remember to complete</li> </ul> | Form VAT1TR   |
| What to do next   |   |
| When you have completed and signed the form, please send it Notice 700/4 Registration for VAT: Non-established taxable personnel please contact the Registration Unit.  | to the VAT Registration Unit specified in VAT sons. If you have any problems completing the |
| Usually we will register you and give you a VAT registration num form, provided you have given all the necessary information.   | nber within 15 working days of receiving your   |
| For office use  |   |
| Local office code   | D M Y Stagger Status  |
| and registration number   |   |
| Name LLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLL   | Trade classification Taxable turnover   |
| Trade name  |   |
| Oversize name Comp Group Rept. Vol address user Div Intg. Overseas Intg. EC Vali  | ue of Sales to EC Value of Purchases from EC  |
| Registration Obligatory/Voluntary Exemption   | Intending Transfer of Regn No   |

Form No. 8

VAT1C

Approved - Initial/date Refused · Initial/date

Form issued - Initial/date

VAT9/ other

IB(March 2000)

Letter

Approval letter

VAT8

| Appointment of Tax Representative   | 4. Declaration   |   |   |          |
|---|--|---|---|----------|
| You should read the notes in the registration booklet "Should I be registered for VAT? - Distance Selling I which will help you to answer these questions.<br>Please write clearly in black link. | We,  | Full name of PRINCIPAL in BLOCK LETTERS)  | Bnd   |          |
| <ol> <li>Who is the business owned by? Please give the persons full name and<br/>address of the principal place of business.</li> </ol>   |  |   | ***************************************   |          |
|   | (Full name of TAX RE) declare that all the entere are correct and complete | (Full name of TAX REPRESENTATIVE in BLOCK LETTERS) lare that all the entered details and information in any acc<br>correct and complete | (Full name of TAX REPRESENTATIVE in BLOCK LETTERS) declare that all the entered details and information in any accumpanying documents are correct and complete. |          |
|   | Signature of Principal   |   | Signature of Principal  |          |
|   | Tick one bax   |   |   |          |
| Phone No. Phone No. Phone No. Presse aive the VAT Registration number in EC country of origin   | Proprietor   | Partner   | Director  |          |
|   |  |   |   |          |
| Please give the UK VAT Registration number (if arry)  | Company Secretary  | Authorised Official   | Trustee   |          |
| 2. Enter the full name and address of the UK Tax Representative   | Signature of Tax<br>Representative   |   | Date  |          |
|   | Tick one box   |   |   |          |
|   | Proprietor   | Partner   | D rector  |          |
| Phone No. Phone No.   | Company Secretary  | Authorised Official   | Trustee   |          |
| <ol> <li>Please give the date of appointment of Tax Representative and VAT<br/>registration number (if any)</li> </ol>  |  |   |   |          |
| Date of appointment   |  |   |   | Regula   |
| VAT Registration number   | CD SYBWALLINES   |   |   | ntion 10 |

Form No. 9

Regulation 191(1)

VAT 65A

| ab<br>Amerika             | ls if    | ns your test application? If not, please glue arance No.   |
|---------------------------|----------|--|
|                           | ш        | <del></del>  |
| H M Customs<br>and Excise | Γ.       | HM Customs and Excise  VAT Overseas Repayments  8th/13th Directive  Custom House  APPLICATION  by a business person not established in the Community for                           |
| authority<br>to which the |          | PO Box 34 REFUND OF  |
| application               |          | LONDONDERRY BT49 7AE VALUE ADDED TAX  Northern Instant   |
| is addressed              | <u>_</u> | Northern Ireland before filling in)  |
|                           | l        | House number and street name   |
|                           | 1        | Place, country and post code   |
|                           | 2        | Nature of applicant a business   |
|                           | 3        | Particulars of the Official Authority and teactualness Registration No. In the country in which the applicant is established or has his her domicile or normal place of realizance |
|                           | 4        | Periodi lo which the application refers  Month Year Month Year   |
|                           | 6        | Total arrount of refund requested (in Hyures)  |
|                           | 6        | The applicant requests the refund of the amount shown in heading 5 in the manner described in heading 7  |
| (*) Insert x in the       |          | Method of sethement requested (*) Bank apopunk Postal account  |
| appropriate<br>box        |          | Account number of financial body  Account number of financial body   |
|                           | 7        | Name and address of the financial body.  |
|                           | l        |  |
|                           |          |  |
|                           | H        |  |
|                           | B        | No, of documents endosed   |
|                           | l        | The applicant hereby declares  (a) that the goods or services specified overteat were used for the following business activities in the United Kingdom                             |
|                           |          |  |
|                           |          |  |
|                           | ļ        | to send full formand it formand i tilled formandel annon annonen meneral annonen annonen meneral annonen annonen   |
|                           | 9        | (b) that in the United Kingdom during the period covered by this application, he/she engaged in  |
|                           |          | in o supply of goods or services   |
| (*) Insert x<br>in the    |          | (*) only the provision of services in respect of which tax is payable solely by the person to whom they are supplied   |
| appropriale<br>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  |
|                           |          | At (Pisce) (Date) (Signature)  |
|                           |          | NOTE: Box 10 everleaf MUST be completed  |
| VAT 65A                   | o        | D 007457482011\$4) Page 1.   |

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995. (See end of Document for details)

# Statement Itemising VAT amounts relating to the period covered by this application Es nustion sheet, hearted with one business and the period covered by this application.

Estimation sheet, headed with your business registration number, endurated "Box 10" and attach it fimily to the application form.

| Number | Nature of goods<br>or services | Name, VAT Registration No. (if known)<br>and address of supplier of goods or services | Date and number of invoice<br>or import document | Amount of tax refund applied for | FOR OFFICIAL<br>USE ONLY |
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Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995. (See end of Document for details)

- Refunds of tax incurred 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 also will not be refunded.

  (a) subbies of goods which have been or are about to be exported; and subjects to travel agents which are for the direct benefit of travelers. Under this scheme the term "travel agent "includes rour operators or any person who purchases or re-supplies services to travellers."

| Number       | Nature of goods<br>or services | Name, VAT Registration Nc. (if known)<br>and address of supplier of goods or services | Date and number of invoice<br>or import document | Amount of law refund<br>applied for   | FOR OFFICIAL<br>USE ONLY |
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CD 00745/NB(01/84)

Form No. 10

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995. (See end of Document for details)

Regulation 191(1)(b)



# Certificate of Status of Business Person

| The undersigned(Na   | me and address of official authority)                |
|--|--|
| certifies that   | (Name of business person)                            |
|  | (Nature of activity)                                 |
|  |  |
|  | (Address of the Establishment)                       |
| is a registered business person                            | in(Name of country)                                  |
| *his registration number being                             |  |
| Date   |  |
|  | Signature  |
| Office date starep   | ]  |
|  | (Name and grade)                                     |
|  |  |
|  |  |
| *If the applicant does not have state the reason for this. | a registration number, the official authority should |
| VAT 68A CD 9295(N5(D7/92)                                  | F 86091 )  |

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995. (See end of Document for details)

#### Regulation 201(a)



This Part must be filled in by the person making the claim. This form makes its own carbon copy. Please write in BLOCK LETTERS to black had point one. If you make a mistake cross it but insert the opport retails shows it and initial the attention

| BLOCK LETTERS in black ball point pon. If you make a mistake, or   |  |
|--|--|
| Your full came   | Name of occupant of dwelling (if different)                  |
|  | <u> </u>   |
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| II you are claiming on behalf of a charity:<br>Name of charity   | Your status (ie Secretary, Director, duly authorised person) |
|  |  |
|  |  |
| Address of building you are claiming for   | 2. Your address (if different)                               |
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|  | <u> </u>   |
|  | ;  |
| Postcode   |  |
| To which above address should the refund be sent?  | 2:   |
|  |  |
| Your daytime phone number Date of completion   | Date of occupation or use                                    |
| day mo   | hih year day month year                                      |
| A/e you, or have you been, a director, sole proprietor or parmer of any VAT Yes No No                      | If 'Yes', you must give the VAT                              |
| s your claim only for goods used to 'flt out' or 'finish off' the building<br>(paragraph 4 of the Netice)? | Yes Nu   |
| Summary of Perts 3 and 4   | . E b  |
| Total amount of VAT claimed on Part \$ (Taken from 'VAT paid' oc   | umn of Part 3)   |
| Total amount of VAT cialined on Part 4 (Yaken from 'Calculated V   | AT' solumn of Part 4)  |
| τα   | tal amount claimed   |
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| Declaration  |  |

#### I declare that:

- I have read Notice /19
- all the entered details and information on this form and any accompanying documents are correct
- no other claim has been, or will be, made for these supplies
- The building described in Part 2 is to be used solely for the purposes of the charity named above.
- Lamionly reclaiming VAT which was correctly charged to me, and which Loais, on goods / imposed or bought from a VAT registered supplier
- planning permission has been granted for the building described in Part 9.

VAT 431 (Pt 1) LVO copy

WARNING

PDEGA (December 1991)

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Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995. (See end of Document for details)

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| db                 |                 |
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| ( <del>1111)</del> | VAT refunds for |
| 爋                  | DIY builders    |
| MM Quatoms         |                 |

3

| Name of claimant (BLOCK LETTERS) |   |
|----------------------------------|---|
|                                  | • |
|                                  |   |

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

| When |     | fill in | thia | N-214 |     | must: |
|------|-----|---------|------|-------|-----|-------|
| wnen | YOU | THE EN  | mis  | part. | vou | must: |

- Ilst those goods and materials for which you have invoices or import documents showing VAT separately. Don't include items not eligible for the scripe the list at the back of Notice 7:9 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 invoices and import documents to this Part in the same order as they are listed.

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<br>Brief description of goods | 2<br>Quartity<br>of goods | 3<br>Supplier's<br>name | 4 Invoice number or<br>other reference number<br>(eg Customs entry no.) | 5<br>VAT paid<br>ξ | Þ       |
|---------------------------------|---------------------------|-------------------------|---|--------------------|---------|
|                                 |                           |                         |   |                    |         |
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|                                 |                           | Total                   |   |                    |         |

VAT 431 (Pt 3)

POD/ALIBRARY 1990)

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995. (See end of Document for details)

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|  | AND CONTRACTOR OF THE STATE OF T |
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| Name of claimant (BLOCK  | LETTERS)   |
| VAT refunds for  | 1  |
| <u>,</u>   | 800000   |
|  | 88008  |
| All DIY builders   |  |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | 2,650,000  |
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|  | 8738   |
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|  | E-9339637  |
| Part 4: Goods and materials claimen for  | 8.000.00   |
|  | <del></del>  |
| where invoices don't show VAT separately.  |  |
| THE CONTROL OF THE PROPERTY OF | Marketine of the control of  |
|  |  |

When you fill in this Part, you must:

- list those goods and materials for which you were charged VAT but the suppliers' invoices do not show it separately. Don't Incude Items not eligible for the soneme - 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 invoices 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 attentions.

| 1<br>Brief description of goods       | 2<br>Quantity     | 3<br>Supplier's    | 4<br>Invoice      | 5 Total amour<br>paid for goods | nt 6<br>Galculated VAT                               |
|---------------------------------------|-------------------|--------------------|-------------------|---------------------------------|--|
| ener description of godos             | Quantity of goods | name               | number            | £ p                             | î p  |
|                                       | Total t           | prought forward fr | om previous sheet | 1                               |  |
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|                                       | 1                 |                    | Totals            | +                               | -[   |
|                                       |                   |                    |                   | 1                               | I  |
| /AT 431 (Pt 4)                        | PB084 i.          | January 1900)      |                   | C                               | arry forward overleaf                                |

|                       | Value Added Tax<br>EC Sales list<br>For the period<br>To  |          |                           |        |                               |                                  |          |                 |           |
|-----------------------|---|----------|---------------------------|--------|-------------------------------|----------------------------------|----------|-----------------|-----------|
| M Customs<br>nd Exper |   |          | VAT                       | Reg si | tration Nur                   | niber                            | Branch/  | subsid<br>Iden  |           |
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|                       |   |          | Cue date:                 |        |                               |                                  | L        |                 | L         |
| L<br>urVatOfficet     | i   |          | <b></b>                   |        | For<br>official<br>use<br>DOR |                                  |          |                 |           |
| ore you fill in       | this form please read the notes overlea                   | ď.       |                           | Į      | only                          |                                  |          |                 |           |
| Country<br>Code       | Customer's VAT Registration N                             | umber    |                           |        | Total                         | l value of suppi<br>£            |          |                 | ind<br>an |
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| Number of p           | pages completed   |          |                           |        |                               | Lines cor<br>(this pag           |          |                 | <u>.</u>  |
|                       | You, or someone on your behalf, must                      |          |                           |        |                               |                                  |          |                 |           |
|                       | (Full rame of signalory                                   |          |                           |        |                               |                                  | declar   | e that          | 706       |
| _                     | en above and an any continuation sh <del>ed</del>         |          | •                         |        |                               |                                  |          |                 |           |
| ignature              | A false declaration may res                               |          |                           |        |                               | il penalty                       | ······   | 19              |           |
| uld you pleas         | se supply a   |          |                           |        |                               |                                  |          |                 |           |
|                       |   |          |                           |        |                               |                                  |          |                 |           |

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995. (See end of Document for details)

Regulation 22(6), 23



## New Means of Transport

Rel

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

| and Course  |   |
|---|---|
| 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   |
| Telephone   | <del></del>   |
| Permanent/Temporary (Delete as applicable)  |   |
|   | Motorised Ship Aircraft   |
| Full address in Member State of Destination   | (Tick as applicable)  |
|   | Make  |
|   | Model   |
| Talephone   | Colour  |
| Permanent/Temporary (Delete as applicable)  | Registration No.  |
| Are you:  a UK Resident? an overseas visitor?   | Engine No.  |
|   | 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  |
|   |   |
| Declare that:   |   |
| <ul> <li>I have read notice 728 and the notes overleaf;</li> </ul>  | I Declare That:   |
| <ul> <li>Intend to remove the New Means of Transport described<br/>above from the UK to the Member State of destination<br/>within 2 months of the date of supply;</li> </ul> | the New Means of Transport described above complies<br>with the definition given in notice 725 about VAT and the<br>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<br>of supply it will become liable to forfeiture and UK taxes   | Date  |
| will become due;  | Status; Proprieto:/Partner/Director/Company Secretary/Authorised Person<br>(Delinte as applicable)                                |
| <ul> <li>The information I have given above is correct.</li> </ul>  |   |
| Signature   |   |
| Date  |   |
| VAT 411 (Customs Copy) Page 1 Policia   | )<br>1995i  |

Regulation 204(c)



# Value Added Tax Flat Rate Scheme for Agriculture Application for Certification

| ard   | End se  |
|-------|---|
| 1.    | 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)   |
|       |   |
|       |   |
|       |   |
|       | Postcade Tel No.  |
| ۹     | Please describe your BUSINESS INCLUDING NON-FARMING ACTIVITIES. (See note 3)  |
| ٥.    |   |
| 4,    | Please enter the ESTIMATED VALUE of AGRICULTURAL SUPPLIES   |
|       | you expect to make in the next 12 months. (see note 4)  |
| 5.    | Please enter the ESTIMATED VALUE of SUPPLIES OF OTHER GOODS and   |
|       | SERVICES which you expect to make in the nex; 12 months. (See note 5)   |
| 6.    | Please enter the DATE from which you wish your CERTIFICATE  |
|       | TO BE EFFECTIVE. (See note 6)   |
| 7.    | Please enter your VAT REGISTRATION NUMBER. Write "NONE"   |
|       | if you are not registered for VAT. (See note 7)   |
| 8.    | You must complete the following declaration :   |
|       | jenter year hat nemenn BLOCK LETTERS)   |
|       | declare that the information entered on this form is true and complete.  I apply for cancellation of the VAT registration shown at box 7 above. |
|       | Signature Date  |
|       | Tick one box Proprietor Director Trustee Partner Company Author/sed   |
|       | Secretary Official  |
|       | For Official Use  |
| All'd | LVO TC Abbreviated name   |
| Ref   |   |
| VA1   | <b>Г98</b> (родовичи) (жих); — Равоц - Упроможно (жих)  |

**VAT 65** 

Status: Point in time view as at 01/05/2004.

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995. (See end of Document for details)

|  |               |  |                 |          |   |                   |                | Regu             | lation 1                 | 78(1)(a) |
|--|---------------|--|-----------------|----------|---|-------------------|----------------|------------------|--------------------------|----------|
| cib<br>(mm)                                  | is th<br>Reid | is your line application? If not presse give<br>nerval Nu.   |                 |          |   |                   |                |                  | V                        | AT 65    |
| / HUNGUSCOS                                  | 1             | 1  |                 |          |   |                   |                |                  |                          |          |
| and Excee                                    | ı             | I  |                 |          |   |                   | by a l         |                  | TIÓN<br>person<br>Commun | tu tor   |
| Compelent authority to which the application |               |  |                 |          |   |                   | F<br>Vali      | REFUND<br>UE ADO | OF<br>ED TAX             |          |
| is addressed                                 | L             |  |                 |          |   | fi. eco           |                | office filling   | olanatory<br>ng in)      | noics    |
|  | <u>_</u> -    | Forenames and surname or hame of firm of applicant   |                 |          |   |                   |                |                  |                          |          |
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|  |               | Place, country and cost code:  |                 |          |   | 1 1 4             | L I            |                  |                          |          |
|  | 12            | Nature of applicant's business   | •               |          |   |                   |                |                  |                          |          |
|  | 3             | Pantoliers of the Cilios: Authority and taxteus rises Registration No. normal place of residence         | in the count    | îy in wi | hich the applica                                    | ant is realisad   | ishusta        | orhas tie√l      | ver rkomic (e            | a.       |
|  | 4             | Perfocing which the application refers   |                 |          |   | 1 7               | Jenet<br>Jenet | Yea-             | Mem To                   | Year     |
|  | 5             | Total amount of reford requested (in liguree)<br>(see overlast for leghted list)                         |                 |          | £   | 1 1 1             |                |                  |                          |          |
|  | 6             | The applicant requests the refund of the amount shown in heading Bi                                      | n the mann      | er de se | inbers in head n                                    | 1g 7              |                |                  |                          |          |
| (*) Insertix in the                          | ŀ             | Method of settlement requested (*)   | Bank<br>account |          | ]   | Postal<br>account |                |                  |                          |          |
| appropriate<br>box                           |               | Account number   |                 | Sode     | number of time                                      | neal body         |                |                  | :: <u>:</u>              | <u></u>  |
| DOX  | !             | Account in the name of   |                 |          |   |                   |                | <del></del>      |                          | ==       |
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|  | $\vdash$      | <u> </u>   |                 |          |   |                   |                |                  |                          |          |
|  | 8             | No. of documents enclosed livvoices livvoices  |                 |          | viiport   | dieniucoo t       | ۵              |                  |                          |          |
|  |               | The applicant hereby declares  [a] that the goods or services specified overleaf were upon the services. | onel for the    | مالمة    | succe business                                      |                   | A H            |                  | K. cada.a                |          |
|  |               | <ul> <li>(a) that the goods or services specified overless were use.</li> </ul>                          | Bed of the      | e :DIIO  | wing bushes   | se activite       | SIII U         | 12 011.80        | rongedir.                |          |
|  |               |  |                 |          |   |                   |                |                  |                          |          |
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|  |               |  |                 |          |   |                   |                |                  |                          |          |
|  |               | (a) that in the United Kingdom during the period covered by this application, he/able engaged is         |                 |          |   |                   |                |                  |                          |          |
|  | 9             | (~ )   |                 | 47/11    |   | E1131232X3        |                |                  |                          | !        |
|  |               | (ii) the supply of goods or services   |                 |          |   |                   |                |                  |                          | i        |
| (°) lasteri x                                |               | $\begin{pmatrix} \gamma \\ \gamma \end{pmatrix}$ only the provision all services in teapers:             | ol which ta     | u s;     | Sayable sulely                                      | y by the p        | erson          | lo whear         | they are :               | supplied |
| in the                                       |               |  |                 |          |   |                   |                |                  |                          |          |
| sopropriate<br>box                           |               | [ ] only in the provision of certain exempted transport services and/lary thereto                        |                 |          |   |                   |                |                  |                          |          |
|  |               | (c) that the particulars given in this application are true  |                 |          |   |                   |                |                  |                          |          |
|  |               |  |                 |          |   |                   |                |                  |                          |          |
|  |               | The asplicant undertakes to pay pack any immies wrongful   | iy obrained     | •        |   |                   |                |                  |                          |          |
|  |               | At   |                 |          |   | (Signa            | lure)          |                  |                          |          |
|  |               | NOTE: Box 10 overleaf MUST he completed  |                 |          |   |                   |                |                  |                          |          |
|  |               | Page I.  |                 |          |   |                   |                |                  | /                        |          |
|  |               |  |                 |          |   |                   |                |                  |                          |          |

POD (May 1995)

# $\fbox{10}$ Statement item(sing 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 sic, 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.
- 2) You are reminded that when tax is ancurred by favable 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 group members who incurred the tax.

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VAT 56 1R (06/95) Page 2.

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995. (See end of Document for details)

- 9) Refunds of tax incurred may only be claimed aubject to the rules of leach state. Brief data is of supplies in each mainter state on which tax cannot be reclaimed are given in HM Customs and Excise Notice 723. Tax incurred on the following supplies without be refunded by any member state:
  - (a) supplies of goods which have been or are about to be exported; and
  - (b) supplies to travel agents which are for the direct benefit of travellers. Under this scheme the term "travel agent" includes tour operators or any person who purchases or re-supplies services to travellers.

| Number | Nature of geads<br>of services | Name, VAT Registration No. (if known) and address of supplier of goods or services | Date and number of involce<br>or import document | Amount of tax refus¢<br>applied for | FOR OFFICIA<br>USE ONLY |
|--------|--------------------------------|--|--|-------------------------------------|-------------------------|
|        |                                |  | TOTAL B/F  |                                     |                         |
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VAT 66 (0595) Page 3.

Form No. 16

Regulation 178(1)(b)(i)



# Certificate of Status of Taxable Person

| he undersigned                 |   |
|--------------------------------|---|
|                                |   |
|                                | /Name of level YAT office)                            |
|                                | (Name of local VAT office)                            |
| Name of taxable person         | <del>-</del>  |
| Address                        | <del></del>   |
|                                |   |
|                                | .,  |
|                                |   |
| Nature of activity             |   |
|                                |   |
| a taxable person for the purpo | sees of Value Added Tax, whose Registration number is |
|                                |   |
|                                |   |
| ate                            | -   |
| Office stamp                   |   |
|                                | Signature   |
|                                | (Name and grade)                                      |
|                                | (wante and Grade)                                     |
| AT 66 CD 1017/NR/07/90)        | F.50371   |

 ${\sf I}^{\sf F5} {\sf Form}$  No. 17CERTIFICATE REQUIRED TO SECURE RELIEF FROM VAT ON PURCHASED OR ACQUIRED GOODS INTENDED TO BE PLACED IN A FISCAL WAREHOUSING REGIME

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995. (See end of Document for details)

#### Information to be indicated:

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

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

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

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

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

(signature)

(date)

NOTE: You should be aware that there are severe penalties for making a false declaration. If there is any doubt about the 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**

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**

F5 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** 

# [F6SCHEDULE 1A

Regulation 145F

#### **Textual Amendments**

**F6** 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.

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995. (See end of Document for details)

(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**

I2 Sch. 2 in force at 20.10.1995, see reg. 1

| Statutory instrument number | Title of Regulations   |  |  |
|-----------------------------|--|--|--|
| SI 1972/1148                | The Value Added Tax (Supplies by Retailers)<br>Regulations 1972          |  |  |
| SI 1973/293                 | The Value Added Tax (Trading Stamps)<br>Regulations 1973                 |  |  |
| SI 1975/274                 | The Value Added Tax (Supplies by Retailers) (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)<br>Regulations 1985            |  |  |
| SI 1986/71                  | The Value Added Tax (General) (Amendment)<br>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)<br>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)<br>Regulations 1987                |  |  |
| SI 1987/1712                | The Value Added Tax (Supplies by Retailers) (Amendment) Regulations 1987 |  |  |

Changes to legislation: There are currently no known outstanding effects for the The Value Added Tax Regulations 1995. (See end of Document for details)

| 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)<br>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)<br>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"<br>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)<br>Regulations 1991                     |
| SI 1991/691                 | The Value Added Tax (General) (Amendment)<br>Regulations 1991                       |
| SI 1991/1332                | The Value Added Tax (General) (Amendment) (No. 2) Regulations 1991                  |
| SI 1991/1532                | The Value Added Tax (Annual Accounting) (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)<br>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)<br>Regulations 1992                               |
| SI 1992/3097                | The Value Added Tax (Accounting and Records) (Amendment) Regulations 1992                   |
| SI 1992/3099                | The Value Added Tax (Valuation of Acquisitions) Regulations 1992                            |
| SI 1992/3100                | The Value Added Tax (Refunds in relation to New Means of Transport) Regulations 1992        |
| SI 1992/3101                | The Value Added Tax (Removal of Goods) (Accounting) Regulations 1992                        |
| SI 1992/3102                | The Value Added Tax (General) (Amendment) (No. 4) Regulations 1992                          |
| SI 1992/3103                | The Value Added Tax (Flat-rate Scheme for Farmers) Regulations 1992                         |
| SI 1993/119                 | The Value Added Tax (General) (Amendment)<br>Regulations 1993                               |
| SI 1993/761                 | The Value Added Tax (Accounting and Records) (Amendment) Regulations 1993                   |
| SI 1993/762                 | The Value Added Tax (Cash Accounting) (Amendment) Regulations 1993                          |
| SI 1993/764                 | The Value Added Tax (General) (Amendment) (No. 2) Regulations 1993                          |
| SI 1993/856                 | The Value Added Tax (General) (Amendment) (No. 3) Regulations 1993                          |
| SI 1993/1222                | The Value Added Tax (Repayment to Third<br>Country Traders) (Amendment) Regulations<br>1993 |
| SI 1993/1223                | The Value Added Tax (Repayment to<br>Community Traders) (Amendment)<br>Regulations 1993     |
| SI 1993/1224                | The Value Added Tax (General) (Amendment) (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)<br>Regulations 1994             |
| SI 1995/152                 | The Value Added Tax (General) (Amendment)<br>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 01/05/2004.

# **Changes to legislation:**

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