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

## F1F2F3F4F5SCHEDULE 1

Regulation 5(1)

## **Textual Amendments**

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

### **Commencement Information**

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) Please give the trading name of the business.	Yes No
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

1	Rices tell us shout all your surrent and/or	
	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 acco	ounts
	「returns	
0	Do you expect to receive regular repayments of VAT? (Please tick)	Yes No  Do not answer yes if you believe that the majority of your VAT returns will show an overall payment of tax due to Customs and Excise.

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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 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 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 be registered for VAT will depend upon the level of 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 in the next 30 days alone will exceed the registration 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 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 Notice 700/1: <b>Should I be registered for VAT?</b> )	If <b>yes</b> , estimate the value of exempt supplies you expect to make in the next 12 months.
(Please tick)	٤
EC Trade (A list of EC Member States is in Notice 700/1: Should I be registered for VAT?)	
Please tell us the value of goods you are likely to buy from other EC Member States or sell to	<b>£</b>
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.
	Zero-rated supplies £
rt 4 Your details and declar	ration
ne address and National Insurance number	ration tional Insurance number
ne address and National Insurance numbe	ration  tional Insurance number ational Insurance number below
Please give your full home address and your Na  Sole proprietors – give your home address and National I  Partnerships – give home address and National I  Corporate bodies – give home address and Natio secretary or authorised signatory signing the app	ration  tional Insurance number ational Insurance number below nsurance numbers of all partners on form VAT 2 nal Insurance number of the director, company ication 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 Na Sole proprietors – give your home address and National Partnerships – give home address and National Corporate bodies – give home address and National secretary or authorised signatory signing the app signatory include a letter of authorisation signed their home address and National Insurance number	ration  tional Insurance number ational Insurance number below nsurance numbers of all partners on form VAT 2 nal Insurance number of the director, company ication 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 Na Sole proprietors – give your home address and National I Partnerships – give home address and National I Corporate bodies – give home address and National I secretary or authorised signatory signing the app signatory include a letter of authorisation signed their home address and National Insurance numb Unincorporated bodies – give home address and	ration  tional Insurance number ational Insurance number below nsurance numbers of all partners on form VAT 2 nal Insurance number of the director, company ication form. If you are signing as an authorised by a director or company secretary. This must include her.
Please give your full home address and your Na Sole proprietors – give your home address and National I Partnerships – give home address and National I Corporate bodies – give home address and Natio secretary or authorised signatory signing the app signatory include a letter of authorisation signed their home address and National Insurance numb 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	ration  tional Insurance number ational Insurance number below nsurance numbers of all partners on form VAT 2 nal Insurance number of the director, company ication form. If you are signing as an authorised by a director or company secretary. This must include her.
Please give your full home address and your Na Sole proprietors – give your home address and National I Partnerships – give home address and National I Corporate bodies – give home address and Natio secretary or authorised signatory signing the app signatory include a letter of authorisation signed their home address and National Insurance numb Unincorporated bodies – give home address and application form.  Home address (If you have lived at this address for less than three	ration  tional Insurance number ational Insurance number below nsurance numbers of all partners on form VAT 2 nal Insurance number of the director, company ication form. If you are signing as an authorised by a director or company secretary. This must include her.
Please give your full home address and your Na Sole proprietors – give your home address and National I Partnerships – give home address and National I Corporate bodies – give home address and Natio secretary or authorised signatory signing the app signatory include a letter of authorisation signed their home address and National Insurance numb 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	ration  tional Insurance number ational Insurance number below nsurance numbers of all partners on form VAT 2 nal Insurance number of the director, company ication form. If you are signing as an authorised by a director or company secretary. This must include her.
Please give your full home address and your Na Sole proprietors – give your home address and National I Partnerships – give home address and National I Corporate bodies – give home address and National I corporate bodies – give home address and National I secretary or authorised signatory signing the app signatory include a letter of authorisation signed their home address and National Insurance numb 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)	ration  tional Insurance number ational Insurance number below nsurance numbers of all partners on form VAT 2 nal Insurance number of the director, company ication form. If you are signing as an authorised by a director or company secretary. This must include ere.  National Insurance number of the person signing the
Please give your full home address and your Na Sole proprietors – give your home address and National I Partnerships – give home address and National I Corporate bodies – give home address and National I secretary or authorised signatory signing the app signatory include a letter of authorisation signed their home address and National Insurance numb 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)	ration  tional Insurance number ational Insurance number below nsurance numbers of all partners on form VAT 2 nal Insurance number of the director, company ication form. If you are signing as an authorised by a director or company secretary. This must include iter.  National Insurance number of the person signing the
Please give your full home address and your Na Sole proprietors – give your home address and National I Partnerships – give home address and National I Corporate bodies – give home address and Natio secretary or authorised signatory signing the app signatory include a letter of authorisation signed i their home address and National Insurance numb 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 please give your Tax Identification number issued	ration  tional Insurance number ational Insurance number below nsurance numbers of all partners on form VAT 2 nal Insurance number of the director, company ication form. If you are signing as an authorised by a director or company secretary. This must include iter.  National Insurance number of the person signing the

	claration		
8	Please sign and date the declaration below (Corporate bodies – a director, company secretary or authorised signatory must sign the form)	(Insert full name in BLO	CK CAPITALS)
	I declare that the information given on this form an	,	•
		Signature	
		Date	
	Your position in the business (Please tick one box)	Proprietor	Partner
		Director	☐ Company Secretary
		Trustee	
		Hustee	Other (Please give details)
he	ecklist		
-	Have you signed the form?		
	Partnership? Remember to complete and enclose	form VAT 2	
	VAT group? Remember to complete and enclose to		AT 51
	Corporate body? Have you completed the incorpo		
	Applying on a voluntary basis because you are not trayour intention to trade such as copies of contract	ading yet? Rememb	er to enclose evidence of
	Taking over a VAT registration number from a previous form VAT 68 if you wish to retain the VAT number		er to complete and enclose
	• Involved in land or property-related supplies where yo to tax)? Have you enclosed details as per Notice 7	•	
	Have you notified the Inland Revenue of your business	ss start up?	
/ha	at to do next?		
	When you have completed and signed this form please Should I be registered for VAT? Provided you have gi register and give you a VAT registration number within	iven all the necessary	y information we will usually
	a Protection Act 1998		
at			oonsible (such as VAT, insurance

Form No. 2

VAT 2

Status: Point in time view as at 01/01/2005.

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 Signature Date

Please continue overleaf

Partner details	
5 Full name	
Home address	
Postcode	
Home telephone Mobile telephone	
National Insurance Number or Tax Identifier in country of origin	
Signature Date	
Partner details	
Full name	
Home address	
Postcode	
Home telephone Mobile telephone	
National Insurance Number or Tax Identifier in country of origin	
Signature Date	
Partner details	
Full name	
Home address	
Postcode	
Home telephone Mobile telephone	
National Insurance Number or Tax Identifier in country of origin	
Signature Date	
Partner details	
Full name	
Home address	
Postcode	
Home telephone Mobile telephone	
National Insurance 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 reverse (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

date				19
from				
		(name e	of previ	aus oweet)
We renciose have also the previous owner				
1 1	1 1	ı		!
If the application is gr	anted *Uw	e agree:		
<ul> <li>to send, *my/our file with all the VAT doe?</li> <li>to send in any return</li> </ul>	orthe who	le perio	l cover	ed by the
ntevšojis ovince				•
<ul> <li>to pay Customs and on supplies made by the was transferred - inclused kept by the previous of</li> </ul>	he previou eling any \	5 CWBCT	before	the business
<ul> <li>that any return man period after the transfer inclus</li> </ul>				
<ul> <li>that any payment a previous owner before</li> </ul>	the realto	cation o	ithe re	efstration
number will satisfy an	y right ¶/	we nave		······································
number will satisfy en	y right *1/:	we nave		
ignature(s)			ury)	
			ury)	

# Part 2 To be completed by the previous owner

date -	19
to	
	(hame of new owner)
be registered or *l/v voluntary registratio	n/we are no longer liable or eligible to we withdraw *my/our request for on. *I/we agree to the VAT registration usite being allocated to the new owner.
If the application is	gramed *1/we declare that:
	40 be entitled to reclaim any loper lax have reclaimed if the registration number erred
	te by Customs and Excise to the new my right *E we have to that money
<ul> <li>*I/we have retain</li> </ul>	edistocks and assets valued at
<b>₽</b>	. including VAI:
I/we can be contacted of transfer.	ed at the following address after the Jate
Signature(s)	
(Proprietor, partners.	director, company secretary, executory

Regulation 25(1)

HM Customs	ue Added Tax Return For the period to	For Officia	l Use		
and Excise			Registration	number	Period
			payable are you will be a financial		the due date
			Due Date:	1	
			For official use D O R only		
scheme for small businesse	lease read the notes on the back and the es", if you use that scheme. Fill in all boxes if there are no pence write "00" in the pence	clearly in ink,	and write 'nor	ne' where necessar	ry. Don't put a
dash or leave any box blank.	if there are no pence write "00" in the pence	e column. Do	not enter mo	ore than one amour £	nt in any box. p
For official use	VAT due in this period on sales and other	outputs	1		
	VAT due in this period on acquisitions fro EC Member States	om other	2		
	Total VAT due (the sum of boxes 1 and	2)	3		
	VAT reclaimed in this period on <b>purchase</b> (including acquisitions from the EC)	s and other in	puts		
	Net VAT to be paid to Customs or reclaim (Difference between boxes 3 and 4)	ed by you	5		
	Total value of sales and all other outputs any VAT. Include your box 8 figure	excluding	6		00
	Total value of purchases and all other inp any VAT. Include your box 9 figure	outs excluding	7		00
	Total value of all <b>supplies</b> of goods and re excluding any VAT, to other <b>EC Member</b> :		8		00
	Total value of all <b>acquisitions</b> of goods at excluding any VAT, from other <b>EC Membe</b>		s, g		00
If you are enclosing a payment please tick this box.	information given above is true and com Signature	of signatory in I	BLOCK LETTE	de	
	A false decla	aration can re	sult in prose	ecution	
VAT 100 (full)	Page 1				PT1 (June 2004)
Form No. 5					

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)

Registration number Period	HM Customs and Excise	Final Value Added Tax Return For the period to	For Official Use	
If your completed return and all the VAT payable are not received by the due date you will be in default and may be liable to a financial penalty  Due Date:  For official use D O R only  For official use	and Excise		Registration number	Period
payable are not received by the due date you will be in default and may be liable to a financial penalty  Due Date:  For official use D O R only  For official use and the variety of the pence oclumn. Do not enter more than one amount in any box.  For official use For official use For official use For official use  Fo				9999
For official use  For you fill in this form please read the notes on the back and the VAT leaflets "Filling in your VAT return" and "Flat rate herms for small businesses", if you use that scheme. Fill in all boxes clearly in ink, and write 'none' where necessary. Don't put, it in or leave any box blank. If there are no pence write "00" in the pence column. Do not enter more than one amount in any box.  £  VAT due in this period on sales and other outputs  1  VAT due in this period on acquisitions from other  EC Member States  Total VAT due in this period on purchases and other inputs (including acquisitions from the EC)  Net VAT to be paid to Customis or reclaimed by you (Difference between boxes 3 and 4)  Total value of sales and all other outputs excluding any VAT. Include your box 8 figure  Total value of all supplies of goods and related costs, excluding any VAT. Include your box 9 figure  Total value of all supplies of goods and related costs, excluding any VAT, to other EC Member States  Total value of all supplies of goods and related costs, excluding any VAT, to other EC Member States  DECLARATION: You, or someone on your behalf, must sign below.  I,			payable are not receive you will be in default a a financial penalty	ed by the due date
fore you fill in this form please read the notes on the back and the VAT leaflets "Filling in your VAT return" and "Flat rate heme for small businesses", if you use that scheme. Fill in all boxes clearly in ink, and write "none' where necessary. Don't put it in or leave any box blank. If there are no pence write "00" in the pence column. Do not enter more than one amount in any box.  For official use  VAT due in this period on sales and other outputs  1  VAT due in this period on acquisitions from other  EC Member States  Total VAT due (the sum of boxes 1 and 2)  3  VAT reclaimed in this period on purchases and other inputs (including acquisitions from the EC)  Net VAT to be paid to Customs or reclaimed by you (Difference between boxes 3 and 4)  Total value of sales and all other outputs excluding any VAT. Include your box 9 figure  Total value of all acquisitions of goods and related costs, excluding any VAT, to other EC Member States  Total value of all acquisitions of goods and related costs, excluding any VAT, to other EC Member States  Total value of all acquisitions of goods and related costs, excluding any VAT, from other EC Member States  DECLARATION: You, or someone on your behalf, must sign below.  I,				
heme for small businesses", if you use that scheme. Fill in all boxes clearly in link, and write "none" where necessary. Don't put it she or leave any box blank. If there are no pence write "00" in the pence column. Do not enter more than one amount in any box.  \$\frac{\text{\$p\$}}{\text{\$p\$}}\$  For official use  VAT due in this period on sales and other outputs  1  VAT due in this period on acquisitions from other  EC Member States  Total VAT due (the sum of boxes 1 and 2)  3  VAT reciairned in this period on purchases and other inputs (including acquisitions from the EC)  Net VAT to be paid to Customs or reclaimed by you  (Difference between boxes 3 and 4)  Total value of sales and all other outputs excluding any VAT. Include your box 8 figure  Total value of purchases and all other inputs excluding any VAT. Include your box 9 figure  Total value of all supplies of goods and related costs, excluding any VAT, to other EC Member States  Total value of all acquisitions of goods and related costs, excluding any VAT, from other EC Member States  DECLARATION: You, or someone on your behalf, must sign below.  I, (Full name of signatory in BLOCK LETTERS) information given above is true and complete.  Signature			official use D O R	
VAT due in this period on sales and other outputs   1	heme for small busines	sses", if you use that scheme. Fill in all boxe	es clearly in ink, and write 'none' where ne nce column. <b>Do not</b> enter more than one	cessary. Don't put a amount in any box.
VAT due in this period on acquisitions from other EC Member States  Total VAT due (the sum of boxes 1 and 2)  VAT reciaimed in this period on purchases and other inputs (including acquisitions from the EC)  Net VAT to be paid to Customs or reclaimed by you (Difference between boxes 3 and 4)  Total value of sales and all other outputs excluding any VAT. Include your box 8 figure  Total value of purchases and all other inputs excluding any VAT. Include your box 9 figure  Total value of all supplies of goods and related costs, excluding any VAT, to other EC Member States  Total value of all acquisitions of goods and related costs, excluding any VAT, from other EC Member States  DECLARATION: You, or someone on your behalf, must sign below. I,				£
Total VAT due (the sum of boxes 1 and 2)  VAT reclaimed in this period on purchases and other inputs (including acquisitions from the EC)  Net VAT to be paid to Customs or reclaimed by you (Difference between boxes 3 and 4)  Total value of sales and all other outputs excluding any VAT. Include your box 8 figure  Total value of purchases and all other inputs excluding any VAT. Include your box 9 figure  Total value of all supplies of goods and related costs, excluding any VAT, to other EC Member States  Total value of all acquisitions of goods and related costs, excluding any VAT, from other EC Member States  DECLARATION: You, or someone on your behalf, must sign below.  I,	For official use	VAT due in this period on sales and oth	ner outputs	
VAT reclaimed in this period on purchases and other inputs (including acquisitions from the EC)  Net VAT to be paid to Customs or reclaimed by you (Difference between boxes 3 and 4)  Total value of sales and all other outputs excluding any VAT. Include your box 8 figure  Total value of purchases and all other inputs excluding any VAT. Include your box 9 figure  Total value of all supplies of goods and related costs, excluding any VAT, to other EC Member States  Total value of all acquisitions of goods and related costs, excluding any VAT, from other EC Member States  DECLARATION: You, or someone on your behalf, must sign below. I,			from other	
(including acquisitions from the EC)  Net VAT to be paid to Customs or reclaimed by you (Difference between boxes 3 and 4)  Total value of sales and all other outputs excluding any VAT. Include your box 8 figure  Total value of purchases and all other inputs excluding any VAT. Include your box 9 figure  Total value of all supplies of goods and related costs, excluding any VAT, to other EC Member States  Total value of all acquisitions of goods and related costs, excluding any VAT, from other EC Member States  DECLARATION: You, or someone on your behalf, must sign below.  If you are enclosing a payment please tick this box.  (Full name of signatory in BLOCK LETTERS) information given above is true and complete.  Signature		Total VAT due (the sum of boxes 1 and	nd 2) 3	
Net VAT to be paid to Customs or reclaimed by you (Difference between boxes 3 and 4)  Total value of sales and all other outputs excluding any VAT. Include your box 8 figure  Total value of purchases and all other inputs excluding any VAT. Include your box 9 figure  Total value of all supplies of goods and related costs, excluding any VAT, to other EC Member States  Total value of all acquisitions of goods and related costs, excluding any VAT, from other EC Member States  DECLARATION: You, or someone on your behalf, must sign below. i,			ases and other inputs	
any VAT. Include your box 8 figure  Total value of purchases and all other inputs excluding any VAT. Include your box 9 figure  Total value of all supplies of goods and related costs, excluding any VAT, to other EC Member States  Total value of all acquisitions of goods and related costs, excluding any VAT, from other EC Member States  9 00  If you are enclosing a payment please tick this box.  DECLARATION: You, or someone on your behalf, must sign below.  I,		Net VAT to be paid to Customs or reclai	imed by you 5	
Total value of purchases and all other inputs excluding any VAT. Include your box 9 figure  Total value of all supplies of goods and related costs, excluding any VAT, to other EC Member States  Total value of all acquisitions of goods and related costs, excluding any VAT, from other EC Member States  9 00  If you are enclosing a payment please tick this box.  DECLARATION: You, or someone on your behalf, must sign below.  I,		1		
any VAT. Include your box 9 figure  Total value of all supplies of goods and related costs, excluding any VAT, to other EC Member States  Total value of all acquisitions of goods and related costs, excluding any VAT, from other EC Member States  9 00  If you are enclosing a payment please tick this box.  DECLARATION: You, or someone on your behalf, must sign below.  I,		Total value of sales and all other output	its excluding	
excluding any VAT, to other EC Member States  Total value of all acquisitions of goods and related costs, excluding any VAT, from other EC Member States  DECLARATION: You, or someone on your behalf, must sign below.  I,		any VAT. Include your box 8 figure	landa autodan	00
If you are enclosing a payment please tick this box.  DECLARATION: You, or someone on your behalf, must sign below.  I,		any VAT. Include your box 8 figure  Total value of purchases and all other in	landa autodan	
a payment please tick this box.    Full name of signatory in BLOCK LETTERS)   information given above is true and complete.   Signature		any VAT. Include your box 8 figure  Total value of purchases and all other any VAT. Include your box 9 figure  Total value of all supplies of goods and	inputs excluding 7 d related costs,	00
		any VAT. Include your box 8 figure  Total value of purchases and all other i any VAT. Include your box 9 figure  Total value of all supplies of goods and excluding any VAT, to other EC Membe  Total value of all acquisitions of goods	inputs excluding 7 d related costs, er States 8 and related costs, 9	00
'AT 193 (full) Page 1 PT1 (June 20	a payment please	any VAT. Include your box 8 figure  Total value of purchases and all other i any VAT. Include your box 9 figure  Total value of all supplies of goods and excluding any VAT, to other EC Membe  Total value of all acquisitions of goods excluding any VAT, from other EC Mem  DECLARATION: You, or someone of i, (Full nan information given above is true and of Signature	inputs excluding 7 d related costs, er States 8 and related costs, nber States 9 on your behalf, must sign below.  The of signatory in BLOCK LETTERS) complete.  Date	00 00 00 declare that the
PTI (Aune 20	a payment please	any VAT. Include your box 8 figure  Total value of purchases and all other i any VAT. Include your box 9 figure  Total value of all supplies of goods and excluding any VAT, to other EC Membe  Total value of all acquisitions of goods excluding any VAT, from other EC Mem  DECLARATION: You, or someone of i, (Full nan information given above is true and of Signature	inputs excluding 7 d related costs, er States 8 and related costs, nber States 9 on your behalf, must sign below.  The of signatory in BLOCK LETTERS) complete.  Date	00 00 00 declare that the
-	a payment please	any VAT. Include your box 8 figure  Total value of purchases and all other i any VAT. Include your box 9 figure  Total value of all supplies of goods and excluding any VAT, to other EC Membe  Total value of all acquisitions of goods excluding any VAT, from other EC Mem  DECLARATION: You, or someone of i, (Full nan information given above is true and of Signature	inputs excluding 7 d related costs, er States 8 and related costs, nber States 9 on your behalf, must sign below.  The of signatory in BLOCK LETTERS) complete.  Date	00 00 00 declare that the

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 lnk.

cn:s/s/spin/s/s

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>Enter the NAME of the PERSON MAKING DISTANCE SALES to the UK. Write in BLOCK LETTERS and leave a space between words</li> </ol>
2. Enter the NAME of the UK TAX REPRESENTATIVE (see note 2)
Z. Elites life MANIE Of the Of TAX REL RESERVATIVE (300 Hote 2)
3. Please give the ADDRESS of the TAX REPRESENTATIVE or the ADDRESS of the PERSON NAMED at box 1 if a tax representative has not been appointed
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 ensure you AŁSO complete form VAT 2.
or Limited Company
or Other Please give details
6. Enter your UK BANK DETAILS or YOUR TAX REPRESENTATIVE'S BANK DETAILS: (See Note 6)
Bank Sort Code Account Number Giro Bank Account Number
7. Do you use a COMPUTER FOR ACCOUNTING ? (See Note 7 and tick one box only) YES NO
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?
8. Has the value of your DISTANCE SALES to customers in the UK exceeded the UK distance seiling threshold at any
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?

<ol> <li>Have you exercised the OPTION TO MAKE THE PLACE OF SUPPLY THE UK, although you have NQT exceeded 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				
12. Do you intend to exercise the OPTION TO MAKE THE PLACE OF SUPPLY of your distance sales the UK?				
NO TOTAL				
YES Please enter the estimated date of your first taxable supply in the UK				
The date from which I wish to be registered is				
13. Please enter the ESTIMATED VALUE OF DISTANCE SALES you expect to make to the UK in the next 12 months				
£				
14. Declaration				
(Full name in BLOCK LETTERS)				
declare that all the entered details and information in any accompanying documents are correct and complete				
Signature				
Tick an <del>e</del> box				
Proprietor Partner Director				
Company Secretary Authorised Official Trustee (including tax representative)				
GD:3423/2143(1):98]				

Document Generated: 2024-06-30

Status: Point in time view as at 01/01/2005.

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

	Enter your FULL NAME. Write in BLOCK LETTERS and leave a space between words
	<del></del>
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)
	Sale Proprietor
	or Partnership Please ensure you ALSO complete form VAT 2.
	or Limited Company Please enter details from Company Incorporation Certificate below.
	or Limited Company Please enter details from Company Incorporation Certificate below.  Number Date
	Number Date
€.	Number Date
6.	Number Date Date or Other • Please give details
	Number Date Date or Other • Please give details
	Or Other Please give details  Enter EITHER your BANK SORT CODE and ACCOUNT NUMBER Or your GIROBANK ACCOUNT NUMBER
7.	Or Other Please give details  Enter EITHER your BANK SORT CODE and ACCOUNT NUMBER Or your GIROBANK ACCOUNT NUMBER
7.	Or Other Please give details  Enter EITHER your BANK SORT CODE and ACCOUNT NUMBER or your GIROBANK ACCOUNT NUMBER  Do you use a COMPUTER FOR ACCOUNTING? (See Note 7 and tick one box only) YES NO
7.	Or Other Please give details  Enter EITHER your BANK SORT CODE and ACCOUNT NUMBER or your GIROBANK ACCOUNT NUMBER  Do you use a COMPUTER FOR ACCOUNTING? (See Note 7 and tick one box only) YES NO  Have you made any ACQUISITIONS yet? (This is IMPORTANT - please see Note 8)
7.	Number Date Date Please give details  Enter EITHER your BANK SORT CODE and ACCOUNT NUMBER or your GIROBANK ACCOUNT NUMBER  Do you use a COMPUTER FOR ACCOUNTING? (See Note 7 and tick one box only) YES NO  Have you made any ACQUISITIONS yet? (This is IMPORTANT - please see Note 8)  Yes, I STARTED on (Enter date you made your first acquisition)

VAT 1B

OD 8490/7/45(17/92)

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>Has the VALUE of your ACQUISITIONS from persons in other EC countries exceeded the registration limit at any 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 $\Sigma$ 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  But I would like to be registered from this earlier date  Go to 12				
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 2				
NO				
NO				
NO  Do you wish to request EXEMPTION from registration because all your acquisitions are ZERO-RATED?				
Do you wish to request EXEMPTION from registration because all your acquisitions are ZERC-RATED?				
13 Do you wish to request EXEMPTION from registration because all your acquisitions are ZERO-RATED?  Yes and my zero-rated acquisitions amount to \$\(\xi\).				
13 Do you wish to request EXEMPTION from registration because all your acquisitions are ZERO-RATED?  Yes and my zero-rated acquisitions amount to \$\(\xi\)  No   14. Declaration				
13 Do you wish to request EXEMPTION from registration because all your acquisitions are ZERO-RATED?  Yes and my zero-rated acquisitions amount to \$\(\xi\)  No   14. Declaration  [Full Name in BLOCK LETTERS]				
13 Do you wish to request EXEMPTION from registration because all your acquisitions are ZERO-RATED?  Yes and my zero-rated acquisitions amount to \$\(\xi\)  No   14. Declaration  [Full Name in BLOCK LETTERS]  declare that all the entered details and information in any accompanying documents are correct and complete				
13 Do you wish to request EXEMPTION from registration because all your acquisitions are ZERO-RATED?  Yes and my zero-rated acquisitions amount to £  No  14. Declaration  (Full Name in BLOCK LETTERS)  declare that all the entered details and information in any accompanying documents are correct and complete  Signature				
13 Do you wish to request EXEMPTION from registration because all your acquisitions are ZERO-RATED?  Yes and my zero-rated acquisitions amount to \$\(\xi\)  No   14. Declaration  [Full Name in BLOCK LETTERS]  declare that all the entered details and information in any accompanying documents are correct and complete				
13 Do you wish to request EXEMPTION from registration because all your acquisitions are ZERO-RATED?  Yes and my zero-rated acquisitions amount to \$\cappa_{\text{No}}\$  No   14. Declaration  [Full Name in BLOCK LETTERS]  declare that all the entered details and information in any accompanying documents are correct and complete Signature  Tick one box				

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	e					
1.	<ul> <li>Sole proprietors - please give your full name.</li> <li>Partnerships - please give your trading name. If you do not have one, give the names of all partners (partnerships must also complete form VAT 2).</li> <li>Corporate or unincorporated bodies - please give the name of the company, club, association etc.</li> </ul>					
2.	Do you have	a trading name?	,	Yes	No	
Please give the trading name of the business.						
Busi	ness address	·				
3.	Please give t	he address of your princi	ipal place o	f business.		
	Postcode		Pt	none number		
			Fa	ax number		
Tax	representativ	е				
4.	•	ppointed a tax represent	ative to dea	al with your VAT m	natters in the UK	please give
	Name					
	Address					
				Phone number		
	Postcode			Fax number		

IB(March 2000)

Document Generated: 2024-06-30

Statu	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.						
(						
	details					
7.	Please give your UK bank details or you					
	Sort code	Account number				
		or				
	No bank account (please tick)	Girobank account number				
_						
	puter accounts					
8.	Is your accounting system computerised					
	Yes (Give details below)	No				
	Computer type					
	Software	Version				
Rele	vant supplies					
9.	Have you made any relevant supplies y	Jet? (Please tick one box)				
	Yes, I made my first relevant supply on					
	No, but I expect to make my	first relevant supply on				
VAT1	C	IB(March 2000)				

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

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

Declaration					
I declare that the information giver complete.	n on this form and cont	ained in any acco	ompanying 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		
<ul> <li>Checklist</li> <li>Have you answered every question</li> <li>Have you signed the form?</li> <li>Partnership? Remember to comple</li> <li>Appointing a tax representative? Remember to the complex of the comple</li></ul>	ete Form VAT 2	Form VAT1TR			
What to do next					
When you have completed and signed the Notice 700/4 Registration for VAT: Non-form please contact the Registration Unit	established taxable per	to the VAT Regis	tration Unit specified in VAT any problems completing the		
form please contact the Registration Unit.  Usually we will register you and give you a VAT registration number within 15 working days of receiving your form, provided you have given all the necessary information.					
•	•				
For office use					
Local office code		D M	Y Stagger Status		
and registration number					
Trade		Trade classification	Taxable turnover		
name Oversize					
name Comp. Group	Overseas Intg. EC Va	lue of Sales to EC	Value of Purchases from EC		
		1 1 1 1 1 1			
Registration Obligatory/Voluntary Exemption Intending Transfer of Regn No			Transfer of Regn No		
Approved - Initial/date					

Form No. 8

VAT1C

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. 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 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 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 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 registration number (if any)</li> </ol>				
Date of appointment				Regula
VAT Registration number	CD SYBWALLINES			ntion 10

Form No. 9

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)

VAT 65A

ab Amerika	is if	ns your test application? If not, please glue arance No.
	ш	<del></del>
H M Customs 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 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 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 formande announcement announcement announcement announcement announcement
	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 in the		(*) only the provision of services in respect of which tax is payable solely by the person to whom they are supplied
appropriale box		(*) only in the provision of certain exempted transport services ancillary thereto
		(c) that the particulars given in this application are true
		The applicant undertakes to pay back any monles wrongfully obtained
		At (Pisce) (Date) (Signature)
		NOTE: Box 10 everleaf MUST be completed
VAT 65A	o	D 007457482011\$4) Page 1.

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

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

Number	Nature of goods or services	Name, VAT Registration No. (if known) and address of supplier of goods or services	Date and number of invoice or Import document	Amount of tax refund applied for	FOR OFFICIAL USE ONLY
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			**-1		
			C/F		

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 rectained are given in HM Customs and Excise Notice 723. Tax incurred on the following supplies also will not be refunded.

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

Number	Nature of goods or services	Name, VAT Registration Nc. (if known) and address of supplier of goods or services	Date and number of invoice or import document	Amount of law refund applied for	FOR OFFICIAL USE ONLY
				TOTAL B/F	
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		Pa	;e3 <b>TOTAL</b>	ŀ	

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)

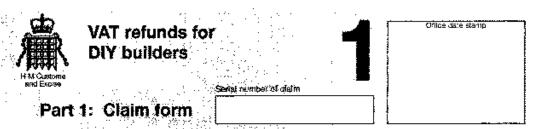


## Certificate of Status of Business Person

The undersigned(Na	ame 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)
l	
*If the applicant does not have state the reason for this.	a registration number, the official authority should
VAT 66A CD 3298/NS(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 bail point pon. If you make a mistake, cros Your full came	Name of occupant of dwelling (if different)
If you are claiming on behalf of a charity:  Name of charity	Your status (ie Secretary, Director, duly authorised person)
1. Address of building you are claiming for	2. Your address (f different)
To which above address should the refund be sent?	;
Your doytime phone number Date of completion	Date of eccupation or use    Date of eccupation or use
	Yes', you must give the VAT gistrative number have
Summary of Perts 3 and 4	
Total amount of VAT claimed on Part 3 (Taken from 'VAT paid' colu-	nn of Part 3)
Total amount of VAT claimed on Part 4 (Taken from Calculated VAT	olumn of Part 4)
Total	amount claimed
Declaration	

## I declare that:

- I have read Nokee 719
- 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.

There are heavy penalties for making false claims. If you are in any doubt please check with your local VAT office BEFORE you sign this form.

VAT 431 (Pt 1) LVO copy

WARNING

page ?

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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Name of claimant (BLOCK LETTERS)	•
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# Part 3: Goods and materials claimed for where the Invoices show VAT separately

## When you fill in this part, you 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 scheme - 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.

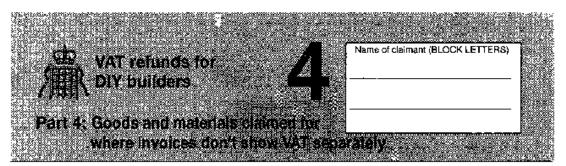
Please write in black ink, cross out any mistakes you make and insert the correct details above them. The person making the claim must initial the alterations.

f Brief description of goods	2 Quaritity of goods	3 Supplier's name	4 Invoice number or other reference number (eg Customs entry no.)	5 VAT paid £	p
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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)



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 include tems not eligible for the scheme - the list at the back of Notice 719 gives examples of items not covered by the scheme
- either subtract the amount of any credit 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.

Ptease write in black ink, cross out any mistakes you make and insert the correct cetails above them. The person making the claim must initial the alterations.

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/AT 431 (Pt 4)	PB084 i.	January 1980)		C	Carry forward overleaf

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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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 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	
	Tetephone
	Vat Registration No. GB
Telephone	<u> </u>
Permanent/Temporary (Delete as applicable)	
	Motorised Ship Aircraft
Full address in Member State of Destination	(Tick as applicable)
	Make
	Model
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Tolephone	<del>                                    </del>
	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 time 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 above from the UK to the Member State of destination within 2 months of the date of supply;</li> </ul>	the New Means of Transport described above complies with the definition given in notice 725 about VAT and the Single Market
• I intend to notify the fiscal authority in that Member State and pay any tax due;	the information given above is correct
Understand that if I fail to remove the New Means of	Signature
Transport described above within 2 months of the date of supply it will become liable to forfeiture and UK faxes	Date
will become due;	Status; Proprietor/Partner/Director/Company Secretary/Authorised Person (Delete as applicable)
*The information I have given above is correct.	, , , , , , , , , , , , , , , , , ,
Signature	
Date	
VAT 411 (Customs Copy) Page 1 Pocular	5 5 1905)

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 204(c)



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

and	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.
	SignatureDate
	Tick one box Proprietor Director Trustee Partner Company Author/sed
	Secretary Official
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All'd	LVO TC Abbreviated name
Ref	
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		NOTE: Box 10 overleaf MUST he completed								
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POD (May 1995)

**VAT 65** 

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

## $\fbox{10}$ Statement item(sing VAT amounts relating to the period covered by this application

- 1) 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 etc. 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 incurred by (avable 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 cerbficate must also contain the nances of those group members who incurred the tax.

Number	Nature of goods or services	Name, VAT Registration No. (If known) and address of supplier of goods or services	Date and number of invoice or import document	Arrount of tax retund applied for	FOR OFFICIAL USE ONLY
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VAT 55 1R (06/95)

- 3) Refunds of tax incurred may only be claimed aubject to the rules of each state. Brief details 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 will not 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 goods or services	Name, VAT Registration No. (if known) and address of supplier of goods or services	Date and number of rivolce or import document	Amount of tax refund tor	FOR OFFICIA USE ONLY
			TOTAL B/F		
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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)

Regulation 178(1)(b)(i)



## Certificate of Status of Taxable Person

	(Name of local VAT office)
ame of taxable person	
ddress	
ature of activity	
a tayable person for the	purposes of Value Added Tax, whose Registration number is
a taxable person for the	purposes of Value Added Tax, whose Registration number is
a taxable person for the	
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 $\mathsf{I}^{\mathsf{F6}}\mathsf{Form}\,\mathsf{No}.$  17CERTIFICATE REQUIRED TO SECURE RELIEF FROM VAT ON PURCHASED OR ACQUIRED GOODS INTENDED TO BE PLACED IN A FISCAL WAREHOUSING REGIME

#### Information to be indicated:

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

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

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

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

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

(signature)

(date)

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

#### **Textual Amendments**

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

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

and that the following services are to be performed on the goods in the fiscal or other warehouse:

I certify that the supply of services is eligible to be zero-rated for VAT purposes under section 18C(1) of the Value Added Tax Act 1994.

(signature)

(date)

NOTE: You should be aware that there are severe penalties for making a false declaration. If there is any doubt about a supply being entitled to zero-rating you should consult the local Customs and Excise office before signing and giving the certificate. A copy of the certificate should be filed with the supplier's invoice which should refer to section 18C(1) of the Value Added Tax Act 1994 to be elgible for zero-rating.

#### **Textual Amendments**

**F6** Sch. 1 Forms 17, 18 Form added (28.4.1996) by The Value Added Tax (Amendment) (No. 3) Regulations 1996 (S.I. 1996/1250), regs. 1(1)(2), 15, **Sch. 1** 

## [F7SCHEDULE 1A

Regulation 145F

#### **Textual Amendments**

F7 Sch. 1A inserted (28.4.1996) by The Value Added Tax (Amendment) (No. 3) Regulations 1996 (S.I. 1996/1250), regs. 1(1)(2), 16, Sch. 2

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

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

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

## 2. Specified services performed in a fiscal warehouse

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

## 3. Documents relating to transfers and specified services

- (a) It shall include the written undertaking from the other fiscal warehousekeeper relating to a transfer made within the United Kingdom referred to in regulation 145G(2), the certificate from the other fiscal warehousekeeper confirming a transfer made within the United Kingdom referred to in regulation 145G(3)(c), and it shall relate them to the relevant transfer.
- (b) It shall include the copy of the certificate relating to a transfer received by the relevant fiscal warehousekeeper from another fiscal warehousing regime within the United Kingdom referred to in regulation 145G(3)(d) and it shall relate that copy to the relevant allocation to his relevant fiscal warehousing regime.
- (c) It shall include the document relating to the completion of a transfer to corresponding arrangements in another member State referred to in regulation 145H(4)(b) and it shall relate that document to the relevant transfer.
- (d) It shall include the document relating to the completion of an export to a place outside the member States referred to in regulation 145H(4)(c) and it shall relate that document to the export in question.

### 4. Procedures where transfers are not completed

- (a) It shall be adjusted to show a removal (and not a transfer) where the certificate of transfer within the United Kingdom referred to in regulation 145G(3)(c) is not received in time from the other fiscal warehousekeeper.
- (b) It shall be adjusted to show a removal (and not a transfer) where the document referred to in articles 145H(4)(b) or 145H(4)(c) concerning goods which have been transferred to corresponding arrangements in another member State, or which have been exported to a place outside the member States, is not received in time.
- (c) It shall evidence any notification made under regulation 145H(3)(c) to the person on whose instructions the goods were allowed to leave the fiscal warehouse.

### **5.** Removals from a fiscal warehousing regime

- (a) It shall identify the name and address of any person who at any time removes or causes the removal of any goods from the fiscal warehousing regime and that person's registration number if he is registered under the Act.
- (b) It shall include a copy of the removal document issued by the Commissioners under regulation 145J(1) and shall relate it to the relevant removal.

## 6. Miscellaneous

(a) It shall incorporate any modifications to the features or requirements set out in paragraphs 1 to 5 above which the Commissioners may require in respect of the relevant fiscal warehousekeeper.

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

(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) Regulations 1972
SI 1973/293	The Value Added Tax (Trading Stamps) Regulations 1973
SI 1975/274	The Value Added Tax (Supplies by Retailers) (Amendment) Regulations 1975
SI 1979/224	The Value Added Tax (Supplies by Retailers) (Amendment) Regulations 1979
SI 1980/1537	The Value Added Tax (Repayment to Community Traders) Regulations 1980
SI 1985/886	The Value Added Tax (General) Regulations 1985
SI 1985/1650	The Value Added Tax (General) (Amendment) Regulations 1985
SI 1986/71	The Value Added Tax (General) (Amendment) Regulations 1986
SI 1986/305	The Value Added Tax (General) (Amendment) (No. 2) Regulations 1986
SI 1986/335	The Value Added Tax (Bad Debt Relief) Regulations 1986
SI 1987/150	The Value Added Tax (General) (Amendment) Regulations 1987
SI 1987/510	The Value Added Tax (General) (Amendment) (No. 2) Regulations 1987
SI 1987/1427	The Value Added Tax (Cash Accounting) Regulations 1987
SI 1987/1712	The Value Added Tax (Supplies by Retailers) (Amendment) Regulations 1987

Statutory instrument number	Title of Regulations
SI 1987/1916	The Value Added Tax (General) (Amendment) (No. 3) Regulations 1987
SI 1987/2015	The Value Added Tax (Repayments to Third Country Traders) Regulations 1987
SI 1988/886	The Value Added Tax (Annual Accounting) Regulations 1988
SI 1988/1343	The Value Added Tax (Repayment Supplement) Regulations 1988
SI 1988/2083	The Value Added Tax (General) (Amendment) Regulations 1988
SI 1988/2108	The Value Added Tax (General) (Amendment) (No. 2) Regulations 1988
SI 1988/2217	The Value Added Tax (Repayment to Community Traders) (Amendment) Regulations 1988
SI 1989/1132	The Value Added Tax (General) (Amendment) Regulations 1989
SI 1989/1302	The Value Added Tax (General) (Amendment) (No. 2) Regulations 1989
SI 1989/2248	The Value Added Tax (Accounting and Records) Regulations 1989
SI 1989/2255	The Value Added Tax (Bad Debt Relief) (Amendment) Regulations 1989
SI 1989/2256	The Value Added Tax (General) (Amendment) (No. 3) Regulations 1989
SI 1989/2259	The Value Added Tax ("Do-It-Yourself" Builders) (Refund of Tax) Regulations 1989
SI 1989/2355	The Value Added Tax (General) (Amendment) (No. 4) Regulations 1989
SI 1990/420	The Value Added Tax (Cash Accounting) (Amendment) Regulations 1990
SI 1990/1943	The Value Added Tax (Cash Accounting) (Amendment) (No. 2) Regulations 1990
SI 1991/371	The Value Added Tax (Refunds for Bad Debts) Regulations 1991
SI 1991/691	The Value Added Tax (General) (Amendment) Regulations 1991
SI 1991/1332	The Value Added Tax (General) (Amendment) (No. 2) Regulations 1991
SI 1991/1532	The Value Added Tax (Annual Accounting) (Amendment) Regulations 1991

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 1992/644	The Value Added Tax (Cash Accounting) (Amendment) Regulations 1992
SI 1992/645	The Value Added Tax (General) (Amendment) Regulations 1992
SI 1992/1844	The Value Added Tax (Payments on Account) (No. 2) Regulations 1992
SI 1992/3096	The Value Added Tax (EC Sales Statements) Regulations 1992
SI 1992/3097	The Value Added Tax (Accounting and Records) (Amendment) Regulations 1992
SI 1992/3099	The Value Added Tax (Valuation of Acquisitions) Regulations 1992
SI 1992/3100	The Value Added Tax (Refunds in relation to New Means of Transport) Regulations 1992
SI 1992/3101	The Value Added Tax (Removal of Goods) (Accounting) Regulations 1992
SI 1992/3102	The Value Added Tax (General) (Amendment) (No. 4) Regulations 1992
SI 1992/3103	The Value Added Tax (Flat-rate Scheme for Farmers) Regulations 1992
SI 1993/119	The Value Added Tax (General) (Amendment) Regulations 1993
SI 1993/761	The Value Added Tax (Accounting and Records) (Amendment) Regulations 1993
SI 1993/762	The Value Added Tax (Cash Accounting) (Amendment) Regulations 1993
SI 1993/764	The Value Added Tax (General) (Amendment) (No. 2) Regulations 1993
SI 1993/856	The Value Added Tax (General) (Amendment) (No. 3) Regulations 1993
SI 1993/1222	The Value Added Tax (Repayment to Third Country Traders) (Amendment) Regulations 1993
SI 1993/1223	The Value Added Tax (Repayment to Community Traders) (Amendment) Regulations 1993
SI 1993/1224	The Value Added Tax (General) (Amendment) (No. 4) Regulations 1993
SI 1993/1639	The Value Added Tax (General) (Amendment) (No. 5) Regulations 1993
SI 1993/1941	The Value Added Tax (General) (Amendment) (No. 6) Regulations 1993

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

## **Status:**

Point in time view as at 01/01/2005.

## **Changes to legislation:**

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