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

F1F2F3F4F5F6SCHEDULE 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.**
- **F6** Sch. 1 Form 1 substituted (1.12.2006) by The Value Added Tax (Amendment) (No.2) Regulations 2006 (S.I. 2006/2902), reg. 3, **Sch.**

Commencement Information

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

Regulation 5(1)

HM Revenue & Customs	Value Added Tax (VAT) Application for registration
You can apply online Go to www.hmrc.gov.uk and follow the links for ito it online?. How to fill in this form Please write clearly in black ink and use capital letters. If you need more space for any answers, continue on a separate sheet.	If you need help, look at the Notes or phone our National Advice Service on 0845 010 9000. You may have to send us other forms and supporting information as well as this form; you will be told what is needed as you work through the form. You can download any forms you need from www.henc.gov.uk or phone the National Advice Service.
About the business	
Status of the business Sole proprietors please enter your full name - first name() followed by sumame Partnerships: please enter your trading nums. Oc if you do not have one, enter the full names of all the partners. Partnerships roust also complete form IMTZ and enclose it with this form. If you need more space, use a separate sheet of paper. Partnerships now go to Question S. Corporate or unincorporated bodies: please enter the name of the company, club, association, trust, charity, etc.	If the business is an unincorporated body, enter the type (for example, club, association, treat, charity, etc.) 4
2 If the business has a trading name, enter it here 3 If the business is a corporate body registered in the UK, enter the following details from the Certificate of incorporation Certificate number Date of incorporation D D M M V Y Y Y Y Y Country of incorporation D D M M V Y Y Y Y Y Country of incorporation D D M M V Y Y Y Y Y Y Country of incorporation D D M M V Y Y Y Y Y Y Y Y Y Y Y	Business fax number Business mobile telephone number Business email activess Business website activess WWWW.

٩b	out the business continued	About the business continued
	Business activities Reed the note for Quastion 6. If the business activities are land or property-elekted, you may need to complete and endose form WAT1614. Main activities	UK bank or building society account fleat the note for Question 8. Name of bank or building society Account name Sort code
	Other activities	Account number
		About your VAT registration
7	If you need more space, one a separate sheet of paper. Are you for any of the partners or cliniction in this business) currently involved, or in the last two years have been involved, in any other business in the UK or isle of Men (Will registered or not) either as a sole proprietor par time or disection? Result the note for Question 7. Yes No No No Surrently involved the bount before Business 1: Will number (if applicable) Tick if still tracking Business 2: name	Taking over a going concern • Are you registering for WIT because you have • taken over (or are about to take over) a business for part of a business) as a going concern. • changed (or are about to change) the legal status of a WIT registered business? ***Emportant: read the wore for Question # before you arriver. **Yes
	Business 2: WAT number (if applicable) Tick if still trading If you need to show details of more than two businesses, are a separate sheet of paper.	12 Do you want to keep the previous owner's WiT number? Asportant ned the note for Question 12 before you enswer. Yes No No If Yes, you and the previous owner will need to complete Aom WiTtRI and engine it with the form. Now yo to Question 18 - Sprone Questions 13 to 27.

No.	Yes No If Yes, estimate the value of your zero-rated supplies over the next 12 months. If you answered his to one or both of Questions 14 and 15, and are not requesting exemption from regulation, go to Question 17. Earlier negistration Application for earlier negistration Erner the month and year you want to be registered from. D. D. M. M. Y. Y. Y. Y. Go to Question 18.
-----------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

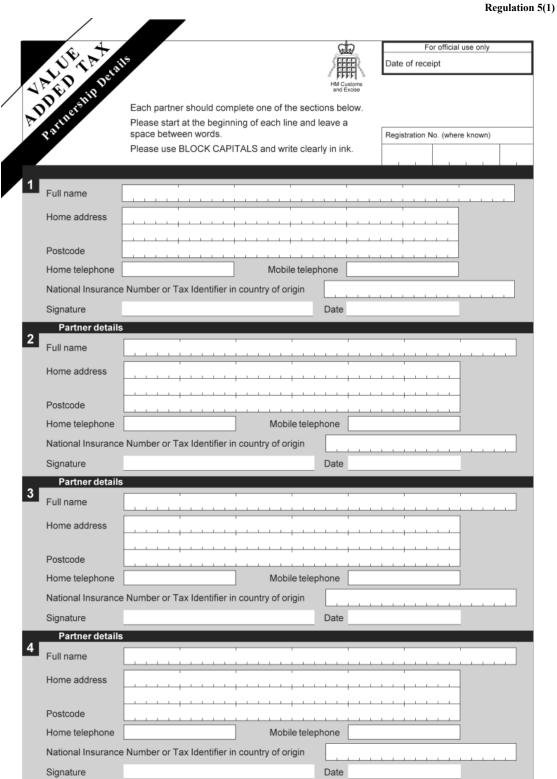
	Your turnover	Applicant details continued
19	Enter your estimate of your taxable supplies in the next 12 months	Home address
	000	
30	Do you expect to make any exempt supplies? Look at the list of WAT terms in the Notes IT you need more information about exempt supplies.	Padirole
	Ves No	If you have lived at this address for fewer than
27	Do you expect to buy goods from other EU member states in the next 12 months? Read the note for Question 21.	three years, enter details of your previous address. Previous home address (if applicable)
	Yes No No	
	N Yes, enter the total estimated value	
	E 00	Postonde
	Do you expect to sell goods to other EU member states in the next 12 months?	Home telephone number
	member states in the next 12 months	
	Ves No	Date of birth
	// Yes, enter the total estimated value.	D D M M Y Y Y Y
	E 00	National Insurance number
		mmmmm
App	plicant details and declaration	If you are a non-UK national and do not have a National
0	This section must be completed by	Insurance number, enter your tax identification number
	the sole owner of the business, or	in your country of origin and the name of that country.
	 a partner, or a director or the company secretary or an authorised signatory of a corporate body, or 	
	 an officer or official applying on behalf of an unincorprated body, for example, secretary, trustee, or an authorised agent. 	23 I declare that the information given in this form and accompanying documents is true and complete
	If this form is being signed by an authorised signatory, or an authorised agent, the details of the person authorising	Please use the Checklot on page 6 of the Notes to make sure you send everything we have asked for.
	you must be shown at Question 22.	Signature
33	Applicant details	
-	First name(t) followed by sumame	
		Date
		D D M M Y Y Y Y
		Capacity in which you signed this application (for example, proprietor trustee, company secretary)

Form No. 2

Please continue overleaf

Status: Point in time view as at 01/12/2008.

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



6

VAT 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)

	Partner details	
5	Full name	
	Home address	
	1101110 add1000	
	Postcode	
	Home telephone	Mobile telephone
	National Insurance	Number or Tax Identifier in country of origin
	Signature	Date
	Partner details	
6	Full name	
	Home address	
	Postcode	
	Home telephone	Mobile telephone
	National Insurance	e Number or Tax Identifier in country of origin
	Signature	Date
	Partner details	
7	Full name	
	Home address	
	Postcode	
	Home telephone	Mobile telephone
	National Insurance	e Number or Tax Identifier in country of origin
	Signature	Date
	Partner details	
8	Full name	
	Home address	
	1101110 add1000	
	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 n	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

date						19
from			~			
			1 m	ume ot	ргечи	ous oweet)
	ciose/have evious own					i, and apply
			ı	١.		!
If the app	lication Is :	granted '	¶we a	groet		
	d, *my/our re VAT dec					and Excise ad by the
■ to sene prevšeus	d in 200y tes Owner	histis dite	from b	MR BUL	made	by the
on supplik Vas trans	Customs a ex made by ferred - inc re provincis	the previously a	rious ex	vner b	fore (he business
period aft	iy retiint m er the trans					name for a made by
11 Je (128			u Cheta		Exci	se to the
	y payment owner befo vill sotisfy (re the re	aftocati	ശദീ	не год	fstration
● Charan	owner befo vill society :	re the re	aftocati	ശദീ	не год	fstration
• that ar previous on number w ignature(owner befo vill society :	ee the re	aftocati *i/we:	on of t	the reg	fstration

Part 2 To be completed by the previous owner

date -	19
to	
	(hame of new owner)
be registered or *1/w: voluntary registration	five are no longer liable or eligible to e withdraw *my/our request for t. *I/we agree to the VAT registration site being allocated to the new owner.
If the application is g	ramed #1/we declare that:
	I be entitled to naclaim any input tax ave rectainsed if the registration number red
	by Customs and Excise to the new yright *Dwe have to that money
• *I/we have retaine	distocks and assets valued at
÷	. including VAI:
I/we can be contacted of transfer:	I at the following address after the date
<u></u>	<u></u>
Signature(s)	
(Proprietor, partners, d	irector, company secretary, executory

Regulation 25(1)

HM Customs	lue Added Tax Return For the period to	For Official Use	
and Excise		Registration number Period	t
		If your completed return and all the V/payable are not received by the due di you will be in default and may be liable a financial penalty	ate
		Due Date:	_
		For official use D O R only	
cheme for small busines	ses", if you use that scheme. Fill in all boxes of	/AT leaflets "Filling in your VAT return" and "Flat ra learly in ink, and write 'none' where necessary. Don't p column. Do not enter more than one amount in any b	ut a
ion of loave any box bian	The period with the period with the period	£ p	
For official use	VAT due in this period on sales and other	outputs 1	
	VAT due in this period on acquisitions from EC Member States	n other 2	
	Total VAT due (the sum of boxes 1 and 2	3	
	VAT reclaimed in this period on purchases (including acquisitions from the EC)	and other inputs	
	Net VAT to be paid to Customs or reclaime (Difference between boxes 3 and 4)	d by you 5	
	Total value of sales and all other autorite	ush udhan	
	Total value of sales and all other outputs e any VAT. Include your box 8 figure	6 00	0
	Total value of purchases and all other input any VAT. Include your box 9 figure	rts excluding 7	0
	Total value of all supplies of goods and rei excluding any VAT, to other EC Member S		0
	Total value of all acquisitions of goods an excluding any VAT, from other EC Membe		0
If you are enclosing a payment please tick this box.	information given above is true and comp	of signatory in BLOCK LETTERS) lete. Date	
	A faise declar	ation can result in prosecution	
VAT 100 (full)	Page 1	PT1 (Jun	ne 2004
rm No. 5	-		

			Regu	ilations 23, 25
HM Customs and Excise	Final Value Added Tax Return For the period to	For Official Use		
and Excise		Registration	number	Period
				9999
		payable ar you will be a financial		e due date
		Due Date:		
		For official use D O R only		
eme for small busi	orm please read the notes on the back and the nesses", if you use that scheme. Fill in all boxes lank. If there are no pence write "00" in the pence	clearly in ink, and write 'no e column. Do not enter mo	ne' where necessary ore than one amount £	. Don't put a
	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 purchase (including acquisitions from the EC)	es and other inputs		
	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	5	00
	Total value of purchases and all other ing any VAT. Include your box 9 figure	outs excluding	7	00
	Total value of all supplies of goods and re excluding any VAT, to other EC Member		3	00
	Total value of all acquisitions of goods a excluding any VAT, from other EC Memb			00
If you are enclosing a payment please tick this box.	I,	of signatory in BLOCK LETTE	dec	lare that the
	Signature	Date		
	A false decla	aration can result in pros	ecution	

Page 1

VAT 193 (full)

Document Generated: 2024-06-30

Status: Point in time view as at 01/12/2008.

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?- Distance Selling" which will help you to answer these questions.

Please write clearly in black lnk.

cn:s/s/spin/s/s

 Enter the NAME of the PERSON MAKING DISTANCE SALES to the UK. Write in BLOCK LETTERS and leave a space between words
2. Enter the NAME of the UK TAX REPRESENTATIVE (see note 2)
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?

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

 Have you exercised the OPTION TO MAKE THE PLACE OF SUPPLY THE UK, although you have NOT exceeded the UK threshold? (see note 9)
Tick one box
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 e box
Prophetor Partner Director
Company Secretary Authorised Official Trustee (including tax representative)
CD3429/2/N3/1198]

Document Generated: 2024-06-30

Status: Point in time view as at 01/12/2008.

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.

co activa (1.18)

VAT 1B

OD 8490/0045(15/92)

Status: Point in time view as at 01/12/2008.

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	
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	
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)

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?
Yes and I exceeded the threshold on
because the value of my acquisitions from 1st January amounted to Σ Go to 10
No because the value of my acquisitions from 1st January amounted to £
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 2
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.	Partnerships partners (par	ors - please give your full name please give your trading name. If you do not have one, give the names of all the the things must also complete form VAT 2). unincorporated bodies - please give the name of the company, club, association etc.
2.		a trading name? Yes No
	Please give t	he trading name of the business.
Busi	Iness address	
3.		he address of your principal place of business.
	Postcode	Phone number
		Fax number
Tax	representativ	θ .
4.	If you have a details	ppointed a tax representative to deal with your VAT matters in the UK please give below.
	Name	
	Address	
		Phone number
	Postcode	Fax number
VAT1	C	IB(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.	What does your business do or intend to	o do? Tell us about your current or intended business activities.
(
	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
	The dam decount (please liet.)	
Com	puter accounts	
8.	Is your accounting system computerised	d?
	Yes (Give details below)	No
	Computer type	
	Software	Version
Rele	vant supplies	
9.	Have you made any relevant supplies you	et? (Please tick one box)
	Yes, I made my first relevant	t supply on
	No, but I expect to make my	first relevant supply on
VAT1	C	IB(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)

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.
(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)
(
VAT1	IB(March 2000)

Declaration		
 I declare that the information give complete. 	n on this form and contained	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		
 Have you answered every question Have you signed the form? Partnership? Remember to complete Appointing a tax representative? For a signer or a signer	ete Form VAT 2	n VAT1TR
What to do next		
When you have completed and signed to Notice 700/4 Registration for VAT: Nonform please contact the Registration University.	established taxable persons.	e VAT Registration Unit specified in VAT If you have any problems completing the
Usually we will register you and give you form, provided you have given all the ne	u a VAT registration number ecessary information.	within 15 working days of receiving your

			D M	Y	Stagger	Statu
ocal office code and registration number						
Name			Trade classification		Taxable turn	over
rade name						11
Oversize name Rept. Vol address	Comp. Group user Div Intg. Overse	eas Intg. EC	Value of Sales to EC	Value	e of Purchases	from EC
			1 1 1 1 1			
Registration	Obligatory/Voluntary	Exemption	Intending	Transfer of R	egn No	
Approved - Initial/date				-		
Refused Initial/date						
orm issued - Initial/date	VAT9/ other	VAT8	Letter	Approval letter		

te 4. Declaration	gislared for We,	e and (Full hame of TAX REPRESENTATIVE in BLOCK LETTERS)	declare that all the entered details and information in any accompanying documents are correct and complete	Signature of Principal		Company Secretary Authorised Official Trustee	Signature of Tax Representative That one box Proprietor Proprietor Company Secretary Authorised Official Thustee	Regula
Appointment of Tax Representative	You should read the notes in the registration booklet "Should I be registered for VAT? - Distance Selfing * which will help you to answer these questions. Please write clearly in black Ink.	 Who is the business cwned by? Please give the persons full name and address of the principal place of business. 			Phone No. Progetration number in EC country of origin			Please give the date of appointment of Tax Representative and VAT registration number (if any) Date of appointment

Form No. 9

Regulation 191(1)

VAT 65A

ab Amerika	ls if	ns your test application? If not, please glue arance No.
	ш	
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.
	١ <u>.</u>	
	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 menerolana annonen annonen annonen annonen an
	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.

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

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

Number	Nature of goods or services	Name, VAT Registration No. (if known) and address of supplier of goods or services	Date and number of invoice or Import document	Amount of tax refund applied for	FOR OFFICIAL USE ONLY
İ					
,.,				•	
					<u> </u>
					<u>.</u>
			<u> </u>		
			<u></u>		
	t				
					.,
				.,,	
				· · · · · · · · · · · · · · · · · · ·	
			**-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 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 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	
	······				
				,	
					,
-					
					
				· · · · · · · · · · · · · · · · · · ·	
		••••••	·····		
		Pa	;e3 TOTAL	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(Nam	ne and address of official authority)
certifies that	(Name of business person)
	(Nature of activity)
	Address of the Establishment)
is a registered business person in	n(Name of country)
*his registration number being	
Date	
	Signature
Office date starep	
	(Name and grade)
*If the applicant does not have a state the reason for this.	a registration number, the official authority should
VAT 66A CD 9298/NS(07/92)	F 8609i)

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)



VAT refunds for DIY builders

1

Office date stamp

Part 1: Claim form

This Part must be filled in by the person making the claim. This form makes its own carbon copy. Please write in BLOCK ISTEPS in black he leads poor if you make a mistake group it but ineast the covered care is shows it and in tight he as

Sensi number of delim

Your full came	Name of occupant of dwelling (if different)	
If you are claiming on behalf of a charity:	<u> </u>	
Name of charity	Your status (ie Secretary, Director, duly authorised person)	
	L_I_L I_Li_L_L_L_L_L	丄
Address of building you are claiming for	2. Your address (fidificient)	
		丄
	<u> </u>	\perp
	<u> </u>	۱.,.
; Postcode		丄
To which above address should the refund be sent?	/ [2:	
Your daytime phone number Date of completion	Date of occupation or use	
dey m	north year day month year	,
Are you, or have you been, a director, sole proprietor or partner of any VAT Yes No No	If 'Yes', you must give the VAT	_
Is your claim only for goods used to "fit out" or "finish off the building (paragraph 4 of the Notice)?	g Yes Nu	
Summary of Perts 3 and 4	£ p	
Total amount of VAT claimed on Part 3 (Taken from 'VAT paid' o	column of Part 3)	
Total amount of VAT cialmed on Part 4 (Yaken from Calculated	VAT' column of Part 4)	
1	Cotal amount claimed	

I declare that:

- I have read Notice 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
- Lam only reclaiming VAT which was correctly charged to me, and which Loaid, on goods / imported or bought from a VAT registered supplier
- planning permission has been granted for the building described in Parl 2.

Signature of person making the plaim 26.----- 26.-----

Date

WARNING

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

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

	42.0								n e		- OLOG	VII STORE
4	VAT	ALACTER MA	7000		or.				Name	of claiman	((BLOC	K LETTER
/	/ mir	buik		10			10 T	4				
Part 2	Des	criot	a						· \$072.000\$01.50	renga vega vega vega vega vega vega vega ve		
			$\infty \infty$		2332320	eralis u			187	4-1-1	٠	£
		SOMETHINGS OF	W					- J.	14.74			200
Please wri	te in black i	nk.				If you mak	e a misiake, cros The corec			ert the con claim must		
Descriptio	n of buildi	na				, , .			0			e a teration
	ungalow, vil					riber of storeys untiground floor	3		Numbe	rol on rooms		
				 -		ne storey)			Nampa			
ĺ				Į.		rber of		:	bathroo	ims/		
Detached	Vsemi-detac	hedylens	ace			rooms	·	٠ ل ـ .	cloakro	oms	L	
						nber of nens			Ground	i floor area		11/
Opreses.					MIGE	14113	No contract constant					
Garages Built-in	Number	Single 1	1	Total ituo	rarea	22.1	Number and de	escripuo	on Gi at	ner rooms		
		double		į		縊						
Detached	Number	Single '	7	Totalitos	ir area	1 %€	ł					
Detached		double	1			/nf	4					
	<u> </u>		_									
							used to 'fit out' o					
those <mark>go</mark> od	is you are o	:laim:ng f	or.	if not, y	rou m	ust list all mat	erials u <mark>sed, ev</mark> en	those y	you are	not claimir		
those <mark>go</mark> od	is you are o	laiming f nits speci (or. iliec Qua	If not,) . The cantily	ou m	ust list all matersion table on		those y	you are o do this (not claimir s. Quantity	ng for. P	
these good the quantit Item	is you are o	laiming f nits speci (or. iliec Qua	if not, y	ou m	ust list all matersion table on the	erials used, even the folder will help item	those y p you to	you are o do this (not claimir s.		iease fill ir
these good the quantit tem Cement	is you are o	laiming f nits speci (or. iliec Qua	If not,) . The cantily	ou m	ust list all mat- rsion table on- litt Tornes	erials used, even the folder will help item Paint - undercoat	those y p you to	you are o do this (not claimir s. Quantity	ng for. P	iease fill ir Litre
these good the quantit tem Cement Sand	is you are o	laiming f nits speci (or. iliec Qua	If not,) . The cantily	ou m	ust list all mat- rsion table on Init Tonnes/ni	erials used, even the folder will help item Paint - undercoat Paint - emulsion	those y p you to ting	you are o do this (not claimir s. Quantity	ng for. P	iease filt in Litre Litre
those good the quantit Item Cement Sand Aggregate	is you are o	laiming f nits speci (or. iliec Qua	If not,) . The cantily	ou m	ust list all matersion table on fait Tonnes 'Tonnes/m' 'Tonnes/m'	erials used, even the folder will help ttem Paint - undercoat Paint - emulsion Paint - woodprim	those you to	you are o do this (not claimir s. Quantity	ng for. P	iease filt in Litre Litre Litre
those good the quantit tem Cement Sand Aggregate Lime	is you are o	laiming f nits speci (or. iliec Qua	If not,) . The cantily	ou m	ust list all matersion table on table o	erials used, even the folder will help ttern Paint - undercoat Paint - emulsion Paint - woodprim Paint - finishing o	those y p you to ting er	you are o do this	not claimir s. Quantity	ng for. P	Litres Litres Litres Litres Litres Litres
these good the quantit Item Cement Sand Aggregate Lime Facing Bri	ds you are des in the un	laiming f nits speci (or. iliec Qua	If not,) . The cantily	ou m	ust list all mat- rsion table on- lott Tonnes *Tonnes/m* Tonnes/m* Tonnes Number	erials used, even the folder will help ttern Paint - undercoat Paint - emulsion Paint - woodprim Paint - finishing of Cold water storage	those y p you to ting er	you are o do this	not claimir s. Quantity	ng for. P	Litre Litre Litre Litre Litre Numb
these good the quantit tem Cernent Sand Aggregate Lime Facing Bri Common I	ds you are of the under th	daiming f	or. iliec Qua	If not,) . The cantily	ou m	ust list all mat- rsion table on- hit Tonnes *Tonnes/m *Tonnes/m Tonnes Number	erials used, even the folder will help ttern Paint - undercoat Paint - emulsion Paint - woodprim Paint - finishing o	those you to	you are o do this	not claimir s. Quantity	ng for. P	Litre Litre Litre Litre Litre Litre Numb
those good the quantit tem Cernent Sand Aggregate Lime Facing Brid Common I	ds you are des in the un	daiming f	or. iliec Qua	If not,) . The cantily	ou m	ust list all mat- rsion table on- lott Tonnes *Tonnes/m* Tonnes/m* Tonnes Number	erials used, even the folder will help item Paint - undercoat Paint - emulsion Paint - woodprim Paint - finishing of Cold water storay Copper cylinder	those you to	you are o do this	not claimir s. Quantity	ng for. P	Litres Litres Litres Litres Litres Litres Numb Numb
these good the quantit tem Cement Sand Aggregate Lime Facing Bri Common E Stocks/end bricks Windows	ds you are of the under th	daiming f	or. iliec Qua	If not,) . The cantily	ou m	ust list all matersion table on linit Tonnes/m² *Tonnes/m² *Tonnes/m² Tonnes Number Number Number	erials used, even the folder will help tern Paint - undercoat Paint - emulsion Paint - woodprim Paint - finishing of Cold water storage Copper cylinder Ironmongery for a	those you to	you are o do this	not claimir s. Quantity	ng for. P	Litre Litre Litre Litre Litre Numb Numb Numb
those good the quantit tem Cement Sand Aggregate Lime Facing Bri Common E Stocks/end bricks	ds you are of the under th	daiming f	or. iliec Qua	If not,) . The cantily	ou m	ust list all mat- rsion table on- loit Tonnes *Tonnes/m Tonnes/m Tonnes Number Number	erials used, even the folder will help tern Paint - undercoat Paint - emulsion Paint - woodprim Paint - finishing of Cold water storage Copper cylinder Ironmongery for Sink, drainer and	those you to	you are o do this	not claimir s. Quantity	ng for. P	Litres Litres Litres Litres Litres Litres Numb Numb Numb Numb
those good the quantit tem Cement Sand Aggregate Lime Facing Bric Common E Stocks/eng bricks Windows Giazing	ds you are o es in the un cks Bricks gineering et	daiming f	or. iliec Qua	If not,) . The cantily	ou m	ust list all matersion table on linit Tonnes/m² *Tonnes/m² *Tonnes/m² Tonnes Number Number Number	erials used, even the folder will help tern Paint - undercoat Paint - emulsion Paint - woodprim Paint - finishing of Cold water storage Copper cylinder Ironmongery for Sink, drainer and Washbasin and t	those you to	you are o do this	not claimir s. Quantity	ng for. P	Litre Litre Litre Litre Litre Numb Numb Numb Numb
those good the quantititem Cement Sand Aggregate Lime Facing Brid Common E Stocks/engbricks Windows Giazing Roofing tild	ds you are of es in the un	daiming f	or. iliec Qua	If not,) . The cantily	ou m	ust list all mat- rsion table on- Init Tonnes *Tonnes/m* Tonnes Number Number Number Number m*	erials used, even the folder will help term Paint - undercoat Paint - emulsion Paint - woodprim Paint - finishing cold water storac Capper cylinder Ironmongery for sink, drainer and two Suite	those you to	you are o do this	not claimir s. Quantity	ng for. P	Litres Litres Litres Litres Litres Numb Numb Numb Numb Numb
these good the quantitiem Cement: Sand Aggregate Lime Facing Bri Common E Stocks/eng bricks Windows Grazing Roofing tild Roofing fe Floor tiles	cks Bricks Jineering et	daiming f	or. iliec Qua	If not,) . The cantily	ou m	ust list all mat- rsion table on- Init Tonnes Tonnes/m Tonnes Number Number Number Number Number Rolls Number	erials used, even the folder will help term Paint - undercoat Paint - emulsion Paint - woodprim Paint - finishing of Cold water storage Copper cylinder Ironmongery for Sink, drainer and Washbasin and two Suite Bath and taps Heating Brief description	those you to	you are o do this	not claimir s. Quantity	ng for. P	Litres Litres Litres Litres Litres Numb Numb Numb Numb Numb
these good the quantitiem Cement: Sand Aggregate Lime Facing Bri Common I Stocks/eng bricks Windows Glazing Roofing tilk Roofing fe Floor tiles Copper tub	cks Bricks Jineering et	daiming f	or. iliec Qua	If not,) . The cantily	ou m	ust list all mat- rsion table on- Init Tonnes Tonnes/m Tonnes Number Number Number Number Rolls Number Metres	erials used, even the folder will help tern Paint - undercoat Paint - emulsion Paint - woodprim Paint - finishing of Cold water storag Copper cylinder Ironmongery for solink, drainer and two Suite Bath and taps Heating	those you to	you are o do this	not claimir s. Quantity	ng for. P	Litres Litres Litres Litres Numb Numb Numb Numb Numb Numb Numb Numb
these good the quantitiem Cement: Sand Aggregate Lime Facing Bricommon E Stocks/eng bricks Windows Grazing Roofing tild Roofing fe Floor tiles Copper tub Plaster	cks cks cricks gineering et	daiming f	or. iliec Qua	If not,) . The cantily	ou m	ust list all matersion table on fable o	erials used, even the folder will help term Paint - undercoat Paint - emulsion Paint - emulsion Paint - finishing cold water storage Copper cylinder Ironmongery for Sink, drainer and two Suite Bath and taps Heating Brief description Type of heater un Kitchen units (b	those you to ting er coat ge tank doors tabs labs	you are	not claimin s. Quantity Anipunt	Und	Litres Litres Litres Litres Litres Numb
these good the quantitiem Cement: Sand Aggregate Lime Facing Bricommon E Stocks/eng bricks Windows Grazing Roofing tild Roofing fe Floor tiles Copper tub Plaster	cks cks cricks gineering et	daiming f	or. iliec Qua	If not,) . The cantily	ou m	ust list all matersion table on table o	erials used, even the folder will help term Paint - undercoat Paint - emulsion Paint - emulsion Paint - finishing of Cold water storay Copper cylinder Ironmongery for Sink, drainer and two Suite Bath and taps Heating Brief description Type of heater un	those you to ting er coat ge tank doors tabs labs	you are	not claimin s. Quantity Anipunt	Und	Litres Litres Litres Litres Litres Numb
these good the quantit tem Cement Sand Aggregate Lime Facing Brid Common E Stocks/eng bricks Windows Grazing Roofing tild Roofing fe Floor tiles Copper tub Plaster Partition bi	cks Bricks gineering et	daiming f	or. iliec Qua	If not,) . The cantily	ou m	ust list all matersion table on table o	erials used, even the folder will help term Paint - undercoat Paint - emulsion Paint - emulsion Paint - finishing cold water storage Copper cylinder Ironmongery for Sink, drainer and two Suite Bath and taps Heating Brief description Type of heater un Kitchen units (b	those you to ting er coat ge tank doors tabs labs	you are	not claimin s. Quantity Anipunt	Und	Litres Litres Litres Litres Litres Numb
those good the quantition Cement Sand Aggregate Lime Facing Bricks Common E Stocks/endbricks Windows Giazing Roofing tilk Roofing fe Floor tiles Copper tub Plaster Partition bl-	cks Cks Cricks C	daiming f	or. iliec Qua	If not,) . The cantily	ou m	ust list all matersion table on table o	erials used, even the folder will help term Paint - undercoat Paint - emulsion Paint - emulsion Paint - finishing of Cold water storay Copper cylinder Ironmongery for Sink, drainer and two Suite Bath and taps Heating Brief description Type of heater un Kitchen units (E Please give number 1)	those you to ting er cost ge tank doors tabs labs nit ought-ii	you are	not claimin s. Quantity Anipunt	Und	Litres Litres Litres Litres Numbe Numbe Numbe Numbe Numbe Numbe radiators
those good the quantition Cement Sand Aggregate Lime Facing Bricks Windows Giazing Roofing tilk Roofing fe Floor tiles Copper tub Plaster Partition bl. Plaster-bo- Timber-cai	cks cks Bricks gineering et ting coks ard coassing hery	daiming f	or. iliec Qua	If not,) . The cantily	ou m	ust list all matersion table on table o	erials used, even the folder will help term Paint - undercoat Paint - emulsion Paint - emulsion Paint - finishing of Cold water storay Copper cylinder Ironmongery for Sink, drainer and two Suite Bath and taps Heating Brief description Type of heater un Kitchen units (b. Please give number 1 to 1 t	those you to ting er coat ge tank doors faos laos nit cought-ii ber, tyo	n cupboe and c	not claimins. Quantity Anipunt Gards, Work dimensions	Und	Litres Litres Litres Litres Litres Numb Numb Numb Numb Numb Numb Numb Numb
these good the quantition Cement Sand Aggregate Lime Facing Brid Common E Stocks/enguricks Windows Grazing Roofing tild Roofing fe Floor tiles Copper tub Plaster Partition blaster-bootimber-cal Timber-torgrooved fix	cks cks Bricks gineering et tooks and reassing hery rgued and poring	claiming f	or. iliec Qua	If not,) . The cantily	ou m	ust list all matersion table on table o	erials used, even the folder will help term Paint - undercoat Paint - emulsion Paint - woodprim Paint - finishing of Cold water storage Copper cylinder Ironmongery for Sink, drainer and Washbasin and two Suite Bath and taps Heating Brief description Type of heater until the Please give number of power points	those you to ting er coat ge tank doors faos laos nit cought-ii ber, tyo	n cupboe and c	not claimin s. Quantity Anipunt	Und	Litres Litres Litres Litres Litres Numb Numb Numb Numb Numb Numb Numb Numb
those good the quantition Cement Sand Aggregate Lime Facing Brid Common E Stocks/enguricks Windows Grazing Roofing tild Roofing fe Floor tiles Copper tub Plaster-Partition blaster-bo-Timber-car Timber-tor grooved fit Staircase a	cks	claiming f	or. iliec Qua	If not,) . The cantily	ou m	ust list all matersion table on table o	erials used, even the folder will help term Paint - undercoat Paint - emulsion Paint - woodprim Paint - finishing of Cold water storage Copper cylinder Ironmongery for Sink, drainer and Washbasin and two Suite Bath and taps Heating Brief description Type of heater until the College of heater until Kitchen units (b. Please give number of power	those you to ting er coat ge tank doors faos laos nit cought-ii ber, tyo	n cupboe and c	not claimins. Quantity Anipunt Gards, Work dimensions	Und	Litres Litres Litres Numbe Numbe Numbe Numbe Number radiators
these good the quantition Cement Sand Aggregate Lime Facing Brid Common E Stocks/enguricks Windows Grazing Roofing tild Roofing fe Floor tiles Copper tub Plaster Partition blaster-bootimber-cal Timber-torgrooved fix	cks	claiming f	or. iliec Qua	If not,) . The cantily	ou m	ust list all matersion table on table o	erials used, even the folder will help term Paint - undercoat Paint - emulsion Paint - woodprim Paint - finishing of Cold water storay Copper cylinder Ironmongery for sishik, drainer and two Suite Bath and taps Heating Brief description Type of heater units (b) Please give number of power opints Number of power opints Number of	those you to ting er coat ge tank doors faos laos nit cought-ii ber, tyo	n cupbe and c	not claimins. Quantity Anipunt Gards, Work dimensions	Unit	Litres Litres Litres Numbe Numbe Numbe Numbe Number radiators

爋	VAT refunds DIY builders	for
HM Cultions		

3

Name of claimant (BLOCK LETTERS)	

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

When you	fillt En	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 Quarriity of goods	3 Supplier's name	4 Invoice number or other reference number (eg Customs entry no.)	5 VAT paid §	p
	<u> </u>				Ĺ
	 				
				<u> </u>	
		 	<u> </u>		
	i			•	ļ
	ļ				
	1				
			 		
			<u> </u>		ļ
	1				
	1	\ <u>-</u>			:
		† -	i		T
	}	i	İ		
			- 		
					<u> </u>
				<u> </u>	!
	1				:
	<u>i</u>			l	L
	 				
		L			
		Total			

VAT 431 (Pt 3)

PDD:Alianoary 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)

LTL HI COLL CONTINUE CONTINUE CONTO STATE WHICH WAS AND CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE C	MANAGARANAN MANAGARAN MANAGARAN MANAGARAN MANAGARAN MANAGARAN MANAGARAN MANAGARAN MANAGARAN MANAGARAN MANAGARA
	present agent of soft and constituted
Name of claimant (BL)	OCK LETTERS) 📸 🚟
A VAT refunds for	B 1000
<u>y</u>	0.00000
	880384
MIN DIY builders	
/ HTM 1	
P. Astriki	
	80,3880
Part 4: Goods and materials claimed for	F883820
FOLCY, COUCE AND INCIDENCE OF MAGGING	B 667 (86)
where invoices don't show VAT separately	
a contract of the second second of the second of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	

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 avoices 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 Brief description of goods	2 Quantity	3 Supplier's	4 Invoice	5 Total amour paid for good:	nt 6 s Calculated VAT
ener description of godos	Quantity of goods	name	number	£ p	î p
	Total t	prought forward fr	om previous sheet	Ţ	
					1
	+			╌╉╾╾╌╌┽╌	- †
				! !	
		- 1			" " "
	·- 	 -			
					
			Ì		i
		+	- 		
				1 :	
		 			†
				 	
	1				
	1			!	
	+				
					<u> </u>
	-				
	+			- † † -	·
				1	
.				İ	
· · · · · · · · · · · · · · · · · ·					
	1		Totals	 	
				1	<u> </u>
/AT 431 (Pt 4)	PB084 i.	January 1980)		C	Carry forward overleaf

	Value Added Tax EC Sales list For the period To							
M Customs nd Exper	•		VAT	Reg si	tration Nur	піхег	Branch/s	uosidia. Identifia
		G8						
Г			if your cor by the due	πplet	ed listing	inancial penalt is not received	í c	arendar <u>Quarter</u>
			Due date:				L	
L ur Vat Office t	isi radırını enodqele				For official use D O R			
ore you fill in	this form please read the notes overlea	ſ.		Į	only			
Country Code	Customer's VAT Registration Nu	ımbar			Total	value of supplie £	9S F	ind ুলা
				ι.			. 0	0
					i l	، لا اللينيا	1 0	0
· ··		للنا				اا	1.0	0
]	·	1 1	i 1				, n	0 .
	å 	المنت	. 1 : -				. 0	-0
<u> </u>	<u>.</u> 1 1 1 <u>.1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>		1			l <u>———</u>	. 0	0
<u> </u>	' 			i_		<u> </u>		0
	<u> </u>					<u> </u>	. 0	0
; -·: -· - -								0
					.1		0	0
							0	0
ş		· ·	1 .				0	0
, 			1 1			J li	. 0	0
i		1					. 0	0
Number of p	pages completed					Lines com (this page		
	You, or someone on your behalf, must s (Full name of signality)						declare	that the
	en above and on any continuation shee							
ignature	A false declaration may resu					l penalty	·····	19
uld you pleas	se supply a							
						number:		

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



Ref	

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

N N Cotoms and Crafts	
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	
Permanent/Temporary (Delete as applicable)	
Full address in Member State of Destination	Motorised Ship Aircraft (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/Huti/Altframe 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 line of supply
-	
I Declare that: I have read notice 728 and the notes overleaf;	Declare That:
Intend to remove the New Means of Transport described above from the UK to the Member State of destination within 2 months of the date of supply:	the New Means of Transport described above complies with the definition given in notice 725 about VAT and the Single Market
I intend to notify the fiscal authority in that Member State and pay any tax due;	the information given above is correct
 I understand that if I fail to remove the New Means of Transport described above within 2 months of the date of supply it will become liable to forfeiture and UK taxes will become due; 	Signature Date
• The information I have given above is correct.	(Delete as applicable)
Signature	
Date	[
VAT 411 (Custome Copy)	. 190E.

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.
	SignatureDate
	Tick one box Proprietor Director Trustee Partner Company Author/sed
	Secretary Official
	For Official Use
All'd	LVO TC Abbreviated name
Ref	
VA1	Г98 (родовичи) (жих); — Равоц - Упроможно (жих)

VAT 65

Status: Point in time view as at 01/12/2008.

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 (mm)	is th Reid	is your line application? If not presse give							V	AT 65
/開始\ HM Custons	1	1								
and Excee	ı	I					by a l		TIÓN person Commun	tu tor
Competent authority to which the	•						F Vali	REFUND UE ADO	OF ED TAX	
application is addressed	<u></u>					(Prease		d the ext efore fillin	olanatory ng in)	notes
	<u> </u>	Forenames and surname or hame of 9mm of applicant.								
	1	House rumber and steet hame								'
	Ϊ΄	Place, country and cost code:		٣.٨.٠		4-4-4	ال المال	<u></u> .	ــــــــــــــــــــــــــــــــــــــ	
	Ļ	Nature of applicant's business	سبس	L. L.		به بالباد	لـ الحــــــــــــــــــــــــــــــــــ			
	1.2	L`			Constant P					i
	а	Pantoulins of the Cilline: Authority and tax bus nees Registration No. normal place of residence	ri ine couni	ry: iin w	men the straiks	ALT IN SHARACH	ististi	ar has regi	ves- ukuransi d	: cr
	4	Period to which the application refers				1 7	F Month	Yea-	Mem To	Year
	5	Total amount of refixed requested (in liguree) see overlast for lemised list)			₹	1 l i				
	6	The applicant requests the refund of the amount shown in heading 6 i	n the mann	er desa	inbers in head n	1g 7				
in the	Ì	Method of settlement requested (*)	Bank account]	Postal account		 		
appropriate box	İ	Account number		Lode	number of time	ncial body			::	<u>-</u>
	!	Account in the name of								
	7		1	,	1 .1. 1. 1	U 1 4.	٠	•=====================================		
	İ	Name and address of the financial body	_ ,			_# J	1~	<u></u>		
							ш			<u></u> : -
	В	No. of documents encksed livoides livoides livoides			emor!	t ione menunda	,			
		The applicant hereby declares				. 003311131 0.				
		(a) that the goods or services specified overleaf were u	e ed for the	e tollo	wing busites	se activitie	១៣ ២	ne United	Kingdom	
	١.	(a) that in the United Kingdom outing the period covere	d bu talo s	rollo	atton ne/abo	onar and				
	9	(~)		44,411	anun, leiane	Eudedan				!
		(ii) the supply of goods or services								j
(°) latert x		$\begin{pmatrix} \gamma & \gamma \\ \gamma & 0 \end{pmatrix}$ only the provision all services in respect (of which ta	ax s ;	Sayable sulely	y by the p	erson	lo whian	they are a	supplied
in the sopropriate										1
bax		[7] only in the provision of certain exempted	g passiou	servi	bes andirary	thereto				
		(c) that the particulars given in this application are true								
		The asplicant undertakes to pay back any immies wrongful	ly optained	ŧ						
		A:								'
		(Place) (Date) NOTE: Dox 10 overleaf MUST he completed				(Signa	iicić)			
		Page 1.							/	

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.

					<u> </u>
					1
···.					
····•		······ · · · · · · · · · · · · · · · ·			

					·····
					
· ·· -· · · ·					
· ·	l		11		
	ļ	<u></u>		-	
		LL LEINING			
· · · • · · · · · · · · · · · · · · · ·					
		••••			
	• • • • • • • • • • • • • • • • • • • •				
		······································			
	· I				
				·····	
					<u></u>
		······································	1.11		
·· •••••••					
,					
			······	······	
		<u> </u>	C/F		

VAT 55 1R (06/95)

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 law 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 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				
	***************************************		j	(
			j		
] 	.	
	•		ļ		
				. .	
	<u>-</u>				
			·····	 	
					p,
			<u> </u>		".
	,	ļ			
	• • • • • • • • • • • • • • • • • • •			·····	
		,			
,					
					·····
					ļ
			Í +		
					
			TOTAL		
			IOIAL		

VAT 66 (0595) Page 3.

Regulation 178(1)(b)(i)



Certificate of Status of Taxable Person

he undersigned	
	(Name of local VAT office)
ame of taxable person	
ddress	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
lature of activity	
a taxable person for the pu	rposes of Value Added Tax, whose Registration number is
L	<u> </u>
ate	,
Office stemp	
	Signature
	(Name and grade)
AT 66 CD 1017/NR/07/90	F 50371

 $[^{\rm F7} Form~No.~17 CERTIFICATE~REQUIRED~TO~SECURE~RELIEF~FROM~VAT~ON~PURCHASED~OR~ACQUIRED~GOODS~INTENDED~TO~BE~PLACED~IN~A~FISCAL~WAREHOUSING~REGIME$

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)

(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

of the Value Added Tax Act 1994.

F7 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**

[F8SCHEDULE 1A

Regulation 145F

Textual Amendments

F8 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

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

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

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

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

Status:

Point in time view as at 01/12/2008.

Changes to legislation:

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