## SCHEDULE

Regulation 3

## Form No.1: Application for VAT Registration 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 to 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.hemc.gov.ul or phone the National Advice Service.
About the business	
Status of the business     Sole proprietors: please enter your full name -     First name(i) followed by sumanse	If the business is an unincorporated body, order the type (for example, club, association, trust, charity, etc.)
Partnerthips: please enter your trading runns. Or. If you do not have one, enter the full names of all title partners. Partnerships roust also complete form IMIZ and enclose it with this form.	4 Are you registering as the Representative Member or nominated corporate body of a WAT group?  Read the glossery in the Rotes for a definition of WAT group?  Yes No No Members of the WATSO and WATST.  5 Business contact details  Business address, that is, the principal place where most
If you need more space, use a separate sheet of paper. Parcharships now go to Question 5. Corporate or unincorporated backs: please enter the name of the company, club, association, trust, charity, etc.	of the day to day running of the business is carried out.
2 If the business has a trading name, enter it have	Contact tolephone number  Business fax number
If the business is a corporate body registered in the UK, enter the following details from the Certificate of incorporation Certificate number	Business mobile telephone number  Business email activess
Date of incorporation  DDD MM Y Y Y Y  Country of incorporation	Business website address WWW.

Document Generated: 2024-05-13

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

bout the business continued	About the business continued
Business activities     Read the note for Question 6.     If the business activities are land or property-reliefed, you may need to complete and enclose form WAT1614.     Main activities	UK bank or building society account flead the vote for Question 8.     Name of bank or building society  Account name
Other activities	Sort code Account number
	About your VAT registration
If you need more space, one a separate aftest of paper.  7 Are you for any of the partners or directors in this business currently involved, or in the last two years have been involved, in any other business in the UK or falso of Man (Wir registered or not) either as a sole proprietor partner or director?  Read the note for Question 7.  Wes No If Not, complete the boxes before.  Susiness 1: NAT number (if applicable)  Tick if still tracing	Taking over a going concern  • Are you registering for Will because you have  • taken over (or are about to take over) a business (or port of a business) as a going concern.  • All the previous of the state of the state of a Will registered business?  **Emperature read the roce for Question 8 before you anserer.  **Tos
Business 2: NAT number of applicable)  Tick if still trading  If you need to show datable of more than two businesses, use a separate sheet of paper.	11 Enter the previous owner's WIT number (if applicable)  12 Do you want to keep the previous owner's WIT number? Angortain; read the note for disestion 12 before you enseer.  Yes No No New York owner will need to complete form WITER and exclose it with this form.  Now you and the previous owner will need to complete form WITER and exclose it with this form.

**Status:** This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Voluntary registration  Are you applying for voluntary registration because your turnown is below the registration threshold! supportant read the mote for Question 13 before you arraver.  Yes	Exemption from registration  16. Do you want to apply for exemption from registration?  Read the note for disestion 16.  You can apply for exemption from registration if most of your supplies are accordance.  Yes
D D MM V Y Y Y	If you need more space, use a separato sheet of paper.

Document Generated: 2024-05-13

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Your turnover	Applicant details continued
Enter your estimate of your taxable supplies in the next 12 months	Home address
E 00	
Do you expect to make any exempt supplies? Look at the list of list? terms in the Mozer if you need more information about exempt supplies.	Purlinote
Ves No	If you have lived at this address for fewer than
Do you expert 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 horse address (if applicable)
Yes No No	
If Yes, enter the total estimated value	
E	Postonde
Do you expect to sell goods to other EU member states in the next 12 months?	Home talephone number
Ves No	
If Yes, enter the total estimated value.	Date of birth
E .00	DD MM YYYY
	National Insurance number
pplicant details and declaration	
This section must be completed by	If you are a non-UK national and do not have a National Insurance number enter your tax identification number
the sole owner of the business, or     a partner, or	in your country of origin and the name of that country.
<ul> <li>a director or the company secretary or an authorised</li> </ul>	
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 you must be shown at Question 22.	Please use the Checklot on page 6 of the Notes to make sure you send everything we have asked for.
	Signature
2 Applicant details First name(s) followed by surname	
	Cute
	D D M M Y Y Y Y
	Capacity in which you signed this application (For example, proprietor trustee, company secretary)