



Is this your first application? If not, please give Reference No.

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APPLICATION
by a business person
established in the Community for
REFUND OF
VALUE ADDED TAX
(Please read the explanatory notes
before filling in)

Competent authority
to which the
application
is addressed

1	Forenames and surname or name of firm of applicant			
	House number and street name			
	Place, country and post code			
2	Nature of applicant's business			
3	Particulars of the Official Authority and tax/business Registration No. in the country in which the applicant is established or has his/her domicile or normal place of residence			
4	Period to which the application refers	From	To	
		Month	Year	Month Year
5	Total amount of refund requested (in figures) (see overleaf for itemised list)	£		
6	The applicant requests the refund of the amount shown in heading 5 in the manner described in heading 7			
7	Method of settlement requested (*) Non UK Bank account <input type="checkbox"/> UK Bank account <input type="checkbox"/> Postal account <input type="checkbox"/>			
	Account number			
	Currency of Account		Bank Identifier Code	
	Account in the name of			
	Name and address of the financial body			
8	No. of documents enclosed Invoices Import documents			
9	The applicant hereby declares			
	(a) that the goods or services specified overleaf were used for the following business activities in the United Kingdom			
			
	(b) that in the United Kingdom during the period covered by this application, he/she engaged in			
	<input type="checkbox"/> (*) no supply of goods or services			
	<input type="checkbox"/> (*) only the provision of services in respect of which tax is payable solely by the person to whom they are supplied			
	<input type="checkbox"/> (*) only in the provision of certain exempted transport services ancillary thereto			
	(c) that the particulars given in this application are true			

(*) Insert x in the appropriate box

(*) Insert x supplied in the appropriate box

The applicant undertakes to pay back any monies wrongfully obtained

At on
(Place)
(Date)
(Signature)

Applicant's telephone number Applicant's fax number

NOTE: Box 10 overleaf **MUST** be completed Applicant's e-mail address

