



**GOVERNMENT OF SAINT LUCIA
INLAND REVENUE DEPARTMENT**

Form VAT-001 / 2012

**VALUE ADDED TAX
APPLICATION FOR REGISTRATION**

<p>1. Name of Taxpayer <input type="text"/></p> <p>3. Address <input type="text"/> <input type="text"/> <input type="text"/></p> <p>5. Telephone Number(s) <input type="text"/> <input type="text"/></p> <p>7. Email Address <input type="text"/></p> <p>10. Primary Business Activity <input type="text"/></p> <p>Gross Sales of Primary Activity \$ <input type="text"/></p> <p>12. Date Taxable Activity Commenced <input type="text"/> <small>Day Month Year</small></p>	<p>2. Trade Name <input type="text"/></p> <p>4. Mailing Address <input type="text"/> <input type="text"/> <input type="text"/></p> <p>6. Fax Number(s) <input type="text"/> <input type="text"/></p> <p>8. Representative <input type="text"/> 9. Position <input type="text"/></p> <p>11. Secondary Business Activity <input type="text"/></p> <p>Gross Sales of Secondary Activity \$ <input type="text"/></p> <p>13. Value of Taxable Supplies excluding Capital Goods <input type="text"/></p>
<p>14. <input type="radio"/> Sole Trader <input type="radio"/> Partnership <input type="radio"/> Joint Venture <input type="radio"/> Company <input type="radio"/> Other (please specify) <input type="text"/></p>	

15. Please tick as appropriate

<p>(a) Do you expect taxable supplies for the next 12 months to exceed \$400,000? <input type="radio"/> Yes <input type="radio"/> No</p> <p>(c) Do you carry out taxable activities in more than one location? (If yes, attach a list of the trade names and locations) <input type="radio"/> Yes <input type="radio"/> No</p> <p>(e) Do you make zero-rated and/or exempt supplies? (If yes, complete line 16) <input type="radio"/> Yes <input type="radio"/> No</p> <p>(g) Are you a Promoter of public entertainment? <input type="radio"/> Yes <input type="radio"/> No</p>	<p>(b) Are you registered for another tax such as Income Tax? <input type="radio"/> Yes <input type="radio"/> No</p> <p>(d) Are you registering voluntarily? (If yes, please complete Form VAT- 001b) <input type="radio"/> Yes <input type="radio"/> No</p> <p>(f) Are your accounting records computerized? <input type="radio"/> Yes <input type="radio"/> No</p> <p>(h) Are you trading as a Hotel or other similar establishment? <input type="radio"/> Yes <input type="radio"/> No</p>
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16. How much of your supplies are:

Zero-rated Supplies	Exempt Supplies	Exports
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

17. Registration details of the Sole Trader, Partners, Joint Venture Partners and Directors

Last Name <input type="text"/>	First Name & Initial <input type="text"/>	Home Address <input type="text"/> <input type="text"/>
Telephone Number <input type="text"/>	Email Address <input type="text"/>	
Taxpayer Number or National Insurance Number <input type="text"/>		
Last Name <input type="text"/>	First Name & Initial <input type="text"/>	Home Address <input type="text"/> <input type="text"/>
Telephone Number <input type="text"/>	Email Address <input type="text"/>	
Taxpayer Number or National Insurance Number <input type="text"/>		

18. Bank Information for Refunds

Name of Bank <input type="text"/>	Address <input type="text"/> <input type="text"/>
Account Number <input type="text"/>	

19. DECLARATION

I hereby certify that the information given on this application form is true, correct and complete and I further declare that I have the authority to make this disclosure of the information provided

Signature <input type="text"/>	Title <input type="text"/>	Date <input type="text"/> <small>Day Month Year</small>
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IT IS A SERIOUS OFFENCE TO MAKE A FALSE DECLARATION

FOR INLAND REVENUE USE ONLY

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>Application Received</small>	<small>Applicant's Taxpayer Number</small>	<small>New Taxpayer</small>	<small>Rejected</small>	<small>Effective date of Registration</small>	<small>V.A.T. Taxpayer Account Number</small>	<small>Primary Standard Industrial Code</small>					
<small>Day Month Year</small>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <small>Day Month Year</small>	<input type="text"/>	<input type="text"/>					
<small>Approved by</small>	<small>Position</small>	<small>Registration Type</small>	<small>Date approved/rejected</small>	<small>No. of certificates required</small>	<small>Secondary Standard Industrial Code</small>						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <small>Day Month Year</small>	<input type="text"/>	<input type="text"/>						