



**GOVERNMENT OF SAINT LUCIA
INLAND REVENUE DEPARTMENT**

**VALUE ADDED TAX
NOTICE OF CLAIM FOR REFUND**
(Please Print)

1. Name of Taxpayer <input type="text"/>	2. Trade Name <input type="text"/>
3. Address (of business) <input type="text"/> <input type="text"/> <input type="text"/>	4. Mailing Address <input type="text"/> <input type="text"/> <input type="text"/>
5. Telephone Number <input type="text"/>	6. Fax Number <input type="text"/>
7. Email Address <input type="text"/>	8. V.A.T. Taxpayer Account Number <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"/>
9. Amount of Refund Claimed <input type="text"/>	

DECLARATION

I hereby certify that the information given on this application form is true, correct and complete and that no application for refund in respect of this Tax Period, Customs Declaration, or Receipt has been previously submitted

Signature

Title

Date

Day Month Year

IT IS A SERIOUS OFFENCE TO MAKE A FALSE DECLARATION

FOR INLAND REVENUE USE ONLY

Application Received

Day Month Year

Accepted

Rejected

Selected for Audit

Document Number

Reason for rejection

Application approved by (please sign)

Processed by (please sign)

Refund Cheque Issued

Day Month Year

Cheque Number

NOTES

- For registered taxpayers, claims under EC\$100 will not be refunded, but carried forward to the succeeding Tax Period as an Input Tax deduction.
- This form should be submitted to the Comptroller of Inland Revenue together with a copy of the VAT Return for the tax period, a copy of the Customs Declaration or the receipt in respect of which a claim is being made.