



**GOVERNMENT OF SAINT LUCIA
INLAND REVENUE DEPARTMENT**

**VALUE ADDED TAX
APPLICATION FOR REFUND**

(For Use By Diplomatic And Consular Missions, International Or Regional Organizations Or Agencies And Non-Registered Taxpayers Who Have Overpaid VAT)

V.A.T. Taxpayer Account Number <input style="width:100%; height: 20px;" type="text"/>	Name of Taxpayer <input style="width:100%; height: 20px;" type="text"/>
Telephone Number <input style="width:100%; height: 20px;" type="text"/>	Address <input style="width:100%; height: 20px;" type="text"/> <input style="width:100%; height: 20px;" type="text"/>
Fax Number <input style="width:100%; height: 20px;" type="text"/>	Email Address <input style="width:100%; height: 20px;" type="text"/>
Tax Period of Claim From <input style="width:150px;" type="text"/> To <input style="width:150px;" type="text"/>	

DETAILS OF CLAIM

Total value of goods and/or services (inclusive of VAT)	<input style="width:100%; height: 20px;" type="text"/>
VAT Charged	<input style="width:100%; height: 20px;" type="text"/>
VAT Claimed	<input style="width:100%; height: 20px;" type="text"/>
Customs Declaration or Receipt Number (if VAT was overpaid)	<input style="width:100%; height: 20px;" type="text"/>

DECLARATION

Tick as appropriate: 1= Diplomatic or Consular Missions; 2= International or Regional Organization or Agency
 3= Non-Registered persons who have overpaid VAT.

1. I declare that the taxable supplies acquired which form part of this application for refund were **exclusively for use in connection with the work** of the Diplomatic or consular Mission and that no other application for refund of tax has been previously submitted for this Tax Period.
2. I declare that the taxable supplies which form part of this application were for use by (insert name of International or Regional Organization or Agency) _____ and that no other application for refund of tax has been previously submitted for this Tax period.
3. I declare that the VAT paid on the good acquired and/or services performed was overpaid and that no other application for refund of tax has been previously submitted for this Tax period.

Mission/Organization/Agency	Name	Title
<input style="width:100%; height: 20px;" type="text"/>	<input style="width:100%; height: 20px;" type="text"/>	<input style="width:100%; height: 20px;" type="text"/>
Signature	Date	
<input style="width:100%; height: 20px;" type="text"/>	<input style="width:50px;" type="text"/>	

FOR INLAND REVENUE USE ONLY

Date Received <input style="width:100%; height: 20px;" type="text"/> <small>Day Month Year</small>	Application approved by (please sign) <input style="width:100%; height: 20px;" type="text"/>	Processed by (please sign) <input style="width:100%; height: 20px;" type="text"/>	Refund Cheque Issued <input style="width:100%; height: 20px;" type="text"/> <small>Day Month Year</small>
Amount Approved <input style="width:100%; height: 20px;" type="text"/>	Cheque Number <input style="width:100%; height: 20px;" type="text"/>	Document Number <input style="width:100%; height: 20px;" type="text"/>	
Notes			