

## GOVERNMENT OF SAINT LUCIA INLAND REVENUE DEPARTMENT

## VALUE ADDED TAX APPLICATION FOR REFUND

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

| V.A.T. TAN or TIN Name of Taxpayer   |  |  |  |  |  |
|--|--|--|--|--|--|
| Telephone Number  Address  |  |  |  |  |  |
| Fax Number   |  |  |  |  |  |
| Tax Period of Claim  Email Address    From  To   |  |  |  |  |  |
| Is this the first time you are applying for a refund? Yes No   |  |  |  |  |  |
| TYPE OF ENTITY – PLEASE TICK APPROPRIATE BOX      Diplomatic or Consular Missions      International Financial Sector      Non-registered persons who have overpaid VAT  |  |  |  |  |  |
| VAT PAID      Value Added Tax on Taxable Supplies received by you eg.      Purchases/expenses (Please submit Tax Invoices/Receipts)      \$  |  |  |  |  |  |
| VAT Adjustments \$   |  |  |  |  |  |
| VAT REFUNDABLE \$  |  |  |  |  |  |
| 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 Mission/Organization/Agency/Sector and that no other application for refund of tax has been previously submitted for this Tax Period. |  |  |  |  |  |
| Mission/Organization/Agency/Sector/Non registered persons Name   |  |  |  |  |  |
| Title  Signature  Date   |  |  |  |  |  |
| FOR INLAND REVENUE USE ONLY  |  |  |  |  |  |
| Date Received  Application approved by (please sign)  Processed by (please sign)  Refund Cheque Issued    Day Month Year  Cheque Number  Day Month Year    Amount Approved  Image: Cheque Number  Document Number    Notes  Notes  |  |  |  |  |  |
|  |  |  |  |  |  |

## **SUMMARY STATEMENT**

Please complete the statement below by listing the tax invoices or receipts in respect of which you are applying for a refund of VAT paid under Sections 57 to 59 of the Value Added Tax Act No. 7 of 2012. If you need additional sheets you may photocopy this page.

| DATE  | NAME | DESCRIPTION | TOTAL PRICE<br>\$ | VAT PAID<br>\$ |
|-------|------|-------------|-------------------|----------------|
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| TOTAL |      |             |                   |                |

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Authorized Signature

Approved by the Comptroller in accordance with the Value Added Tax Act No. 7 of 2012