

VALUE ADDED TAX (VAT)

VALUE ADDED TAX

REGISTRATION GUIDE



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Partnershi

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INTRODUCTION

This document serves as a guide to the completion of the <u>VALUE ADDED</u>

<u>TAX REGISTRATION FORMS (Form VAT 001/2012, FORM VAT 001a/2012, FORM 001b/2012)</u>, in accordance with the VAT Act.

This guide is aimed at:

 making all persons in business aware of their eligibility of registration for the Value Added Tax (VAT)

Assistance with VAT Registration or other VAT matters is freely available.

If you need more information, please contact the VAT Implementation Project Office at:

Telephone No: (758) 468 1420 Fax: (758) 452-4984

Email: vatcoordinator@vat.gov.lc vatinfo@vat.gov.lc

Or visit our website at: www.vat.gov.lc

Who Is Required To Be Registered (Mandatory Registration)

Businesses trading in <u>taxable</u> supplies <u>must</u> within ten (10) days, register with the VAT Section of Inland Revenue Department if their taxable supplies or sales (goods and services) meet or exceed the threshold of <u>ONE HUNDRED AND EIGHTY THOUSAND DOLLARS (\$180,000)</u> in the previous twelve months or less; or is expected to meet or exceed the threshold at the beginning of any period of three hundred and sixty-five days.

Additionally, businesses must register if in the first three months of trading their taxable supplies exceed **FORTY FIVE THOUSAND DOLLARS (\$45,000).**

Promoters of public entertainment and a licensee and a proprietor of a place of public entertainment are required to register within **forty-eight hours** if they expect to exceed the established threshold within a twelve month period or less including the public entertainment.

Registration is only undertaken once. Thereafter, VAT is charged on every activity by the promoter, licensee or proprietor.

A "promoter of public entertainment" means a person who arranges the staging of public entertainment, but **does not** include entertainment organised by -

(a) a duly recognised educational institution under the Education Act, Cap.18.01;

- (b) the board of management or a parent teacher association of an approved educational institution;
- (c) a person who provides entertainment on a daily or weekly basis;
- (d) a church incorporated or registered in Saint Lucia under any statute; or
- (e) an approved charitable organisation;

The State, local authorities and auctioneers must register on the first day of their trading in taxable supplies.

For VAT purposes it is not the business activity which is registered, but the person who conducts it. The registration covers all the business activities of that person.

If the person conducting the taxable activity is an organization (i.e., not an individual), it is the organization that must apply for registration. The individual partners or members do not register. The registration of a partnership, trustees of a trust or estate is in the name of the partnership, trust or estate respectively.

Voluntary Registration

A person who is not liable to be registered due to the taxable supplies being below the threshold **may** apply for voluntary registration.

Voluntary registration is available to businesses below the established threshold once those businesses can meet the conditions established by the Comptroller of Inland Revenue.

However, before applying, the person must determine whether he is carrying on or intends to carry on a business and makes or intends to make supplies that would be taxable if he were registered.

Once registered, output tax (tax on sales) will have to be charged on all taxable supplies and input tax (tax on purchases) can only be claimed on those purchases that are directly attributable to taxable supplies.

Additionally, monthly VAT Returns must be filed, net VAT due paid by the 21st of the following month and proper books and records must be maintained to facilitate audits by VAT Officers.

To apply for voluntary registration, a person must complete VAT Form 001b (see sample at back of booklet) together with the Application for Registration (VAT Form 001), explaining the nature of their business, why the need for registration and the date from which registration is required. If unable to give a date from which taxable supplies will commence, a written explanation should be provided.

Registering Before Making Taxable Supplies

The Comptroller has to be satisfied that there is a firm intention to make taxable supplies by way of business. Thus, on completing and submitting the Application for Registration Form (VAT 001), written evidence must be sent to the Comptroller showing that arrangements have been made

to make taxable supplies. This evidence can include details of proposed contracts, of stock on hand and purchase of capital assets.

Ensure to enclose a letter with the application form detailing the date from which registration is required. If unable to give a specific date as to when taxable supplies will commence, a written explanation should be provided.

Who is a Person?

For the purposes of VAT, "Person" includes the State, a public authority, a local authority, a natural person, trust, company and partnership.

What Is a Business?

For VAT purposes, "business" has a very wide meaning and can include activities on which no profit is made.

Business includes a profession, vocation, trade, manufacture or undertaking of any kind whatsoever and an adventure or concern in the nature of trade but does not include an office or employment.

Business transactions which are liable to VAT are called taxable supplies. Those which are not liable to VAT are called exempt supplies.

What is a Taxable Supply?

Taxable supply means a supply of goods or services in the course or furtherance of a taxable activity, other than exempt supply.

Where a registered person ceases to carry on a business, or ceases to be registered but continues to carry on business, the person shall at that time have made a taxable supply of goods or services, but only if the person was allowed an input tax credit in respect of the acquisition or importation of those goods or services, or in respect of the acquisition of goods or services which have been used to produce those goods or services.

What is an Exempt Supply?

Exempt Supply is any business transaction on which VAT is not chargeable at either the standard or zero-rated. An exempt supply is not a taxable supply and does not form part of the taxable turnover.

If the business makes only exempt supplies it is not required to register for VAT.

A person registered for VAT and making some exempt supplies is considered partially exempt (mixed supply) and will not be able to get back all the input tax because the VAT paid for producing exempt supplies cannot be claimed.

Exempt supplies are listed in the Second Schedule of the VAT Act. These include a supply of:

- financial services
- medical services
- education services
- accommodation in a dwelling

Rates of VAT

The standard rate of VAT is fifteen percent (15%) on all taxable goods and services, imported or supplied by registered businesses. A reduced rate of eight percent (8%) is chargeable for goods and services supplied by hotels. Some goods and services are also taxed at the rate of zero percent (0%).

How do I Work out My Taxable Turnover (Sales)?

Your taxable turnover is generally the total amount that will be charged for taxable supplies that you make during a twelve month period. This will include the value of:

- Standard rated supplies sold or provided in Saint Lucia;
- Reduced rated items;
- Zero rated supplies;
- Goods taken for your own use of for family;

How Do I Register?

To register, an Application for Registration Form VAT 001 and 001b needs to be completed. This form can be obtained from the VAT Section or any Inland Revenue Office and can be downloaded from our website, www.vat.gov.lc.

The completed form(s), with any additional information that is required should be sent to the VAT Section or any Inland Revenue Office (Castries, Vieux Fort and Soufriere). The Application for Registration form should be sent in promptly as failure to notify the Department of eligibility for registration may result in the payment of a penalty equal to double the amount output tax payable from the time the person is required to apply for registration until the person files an application with the Comptroller.

When do I get my Registration Number?

Having completed and submitted the Application for Registration form, the Comptroller will verify and approve all the details on the form. After which, a registration confirmation package will follow. This will include, a notice of registration stating the **Tax Identification Number**, the **Effective Date of Registration**, the **Registration Certificate**(s) and other VAT information.

All registered persons will be required to display prominently, the Registration Certificate in their place of business. This Registration Certificate will be hand-delivered by a VAT officer when the registration confirmation package is delivered. This visit will be an advisory visit.

Confirmation of registration by the Comptroller will be done in writing within fifteen working days of receiving the Application for Registration. If a reply is not received, please contact the office to ensure that the form was received.

Obligations Of The registered Person

A registered person has certain obligations, these include:

- displaying the Certificate of Registration in a prominent place at each location where business is conducted
- keeping proper books and records
- accounting for VAT on taxable supplies made and received
- completing VAT Returns and paying any tax owing by the due date
- issuing tax invoices or sales receipts
- accounting for VAT on any assets kept from a taxable activity upon ceasing to be registered

- Informing the Department within twenty-one calendar days, using Form VAT 002 of any changes. These can consist of:
 - a) the accuracy of the particulars provided on the application
 - b) the business closing down; or
 - c) any other matter that the Comptroller should know about.

Other notification of changes which should be reported within five days are:

- a) the death of the registered person
- b) becomes bankrupt
- c) goes into liquidation or receivership; or
- d) becomes a party to an amalgamation

Failing to fulfill these obligations could result in additional tax and/or penalties being imposed.

Other Documentation Required For VAT Registration

When you apply for VAT registration, to prevent delay, it is necessary to submit copies of the relevant documents mentioned below with the Application for Registration form.

Sole Trader

Where a sole trader has a registered business name, a copy of the Business Names' Certificate should be submitted.

Partnerships

For a partnership, a copy of the Business Names' Certificate should be forwarded to the Department.

Company

For a company, copies of the complete incorporation documents of when the company was incorporated need to be submitted.

Joint Venture

Where there is a joint venture agreement, a copy of the joint venture agreement must be supplied.

Before Returning Your Application Form Please Ensure That You Have Completed:

- ✓ All the sections of the Application for Registration Form VAT 001
- ✓ The declaration
- ✓ The VAT Form 001A form, if the application is for a company, partnership, joint venture, trust/estate or unincorporated body that has more than two (2) officers.
- ✓ Please ensure that the form VAT 001 is signed

How to complete the VAT 001

The following sections of the registration form must be completed by each applicant where applicable in block letters or by printing.

SECTIONS

| 1. | Name of Taxpayer | Enter the business' legal name if incorporated. If a Sole trader or partnership, enter owner's or partners name/names. Or State Enterprise. |
|----|-------------------|--|
| 2. | Trade Name | Enter the trade name of the business |
| 3. | Address | Enter the street addresses where the business operates from. (If operating multiple branches enter the head office address) |
| 4. | Mailing Address | Enter the mailing address of the business. This address will be used for all correspondence with the Inland Revenue Department (VAT Section) |
| 5. | Telephone Numbers | Enter the telephone numbers of the business |

6. Fax Numbers Enter the fax number of the business

7. Email Address Enter the email address for ease of contact

8. Representative Enter the name of the representative/agent if an official has to be contacted

9. Position

Enter the position of the representative; This person should be the Financial Controller;

Accountant; General Manager;

Owner; Partner; Liquidator; Trustee;

10. Primary Business Activity

Enter the business' primary activity;
that is the activity generating the
highest taxable sales. For example,
a vehicles sales business with a
mini garage

Gross Sales

Enter the gross taxable sales or a
Reasonable estimate of your
expected sales for a 12 month
period

| 11. Secondary Business Activity | Enter the activity which has the second highest sales. |
|---|--|
| Gross Sales | Enter the gross taxable sales or a reasonable estimate |
| 12. Date Taxable Activity Commenced | Enter the start date of your taxable activity |
| 13. Value of Taxable Supplies | This total will be the value of all taxable supplies for a twelve month period immediately preceding the date of your application. If in business for less than twelve months, state total taxable supplies. Ignore, if this is a new business |
| 14. Type of Business | An (X) should be placed in the applicable box |
| 15. Please tick as appropriate | Answer (YES) or (NO) |
| (a) Do you expect taxable supplied exceed \$ 180 000? | ies for the next twelve (12) months to |

(b) Are you registered for another tax such as Income Tax?

| (c) | Do you carry out taxable activities in more than one location? If |
|-----|---|
| | yes, attach a list of the trade names and location. |

- (d) Are you registering voluntarily? (If yes complete Form 001b)
- (e) Do you make zero-rated and /or exempt supplies? (If yes complete line 16)
- (f) Are your accounting records computerized?
- (g) Are you a promoter of public entertainment?
- (h) Are you trading as a hotel or other similar establishment?
- **16.** How much of your supplies are:
- (a) Zero-rated supplies
- (b) Exempt supplies
- (c) Exports
- **17.** Registration Details of the sole trader, partners directors or joint ventures.

Please enter the request information as required, together with the supporting documentation as indicated on page 8.

18. Bank Information Enter all details as it relates to the bank

information of the business. These include the business' bank name, address and account number.

19. Declaration

Enter the full name in block letters on the first line with your usual signature and the title or position in the business on the subsequent lines with the date completed.



GOVERNMENT OF SAINT LUCIA INLAND REVENUE DEPARTMENT

VALUE ADDED TAX APPLICATION FOR REGISTRATION

| 1. Name of Taxpayer | 2. Trade Name |
|--|--|
| 3. Address | 4. Mailing Address |
| | |
| | |
| 5. Telephone Number(s) | 6. Fax Number(s) |
| 7. Email Address | 8. Representative 9. Position |
| 10. Primary Business Gross Sales | 11. Secondary Business Gross Sales |
| Activity of Primary Activity (\$ | Activity of Secondary Activity (\$ |
| 12. Date Taxable Activity Commenced | 13. Value of Taxable Supplies excluding Capital Goods |
| Day Month Year 14. Sole Trader Partnership Joint Venture Comp | pany Other (please specify) |
| | |
| 15. Please tick as appropriate (a) Do you expect taxable supplies for the next 12 months to exceed \$180,000? Yes No | (b) Are you registered for another tax such as Income Tax? |
| (c Do you carry out taxable activities in more than one location? (If yes, attach a list of the trade names and locations) | (d) Are you registering voluntarily? (If yes, please complete Form VAT- 001b) |
| (e) Do you make zero-rated and/or exempt supplies? (If yes, complete line 16) | (f) Are your accounting records computerized? |
| (g) Are you a Promoter of public entertainment? | (h) Are you trading as a Hotel or other similar establishment? |
| 16. How much of your supplies are: Zero-rated Supplies \$ | Exempt Supplies \$ Exports \$ |
| 17. Registration details of the Sole Trader, Partners, Joint Venture P | artners and Directors |
| Last Name & Initial | Home Address |
| Telephone Number Email Address | |
| Chair Address | |
| Taxpayer Number or National Insurance Number | |
| Last Name First Name & Initial | Home Address |
| Telephone Number Email Address | |
| | |
| Taxpayer Number or National Insurance Number | |
| 18. Bank Information for Refunds | |
| Name of Bank Ad | dress |
| Account Number | |
| Account Number | |
| 19. DECL | ARATION |
| | ormation given on this application form is true, correct and |
| complete and I further declare that I have the authority to make this of | • |
| Signature | Title Date |
| | Day Month Year |
| IT IS A SERIOUS OFFENCE TO M | MAKE A FALSE DECLARATION |
| | REVENUE USE ONLY Primary Standard Industrial Code |
| Application Received Applicant's Taxpayer Number New Taxpayer Rejected Day Month Year Application Received Applicant's Taxpayer Number New Taxpayer Rejected Effective Company Number New Taxpayer Rejected Effective Company New Taxpayer Rejected Effective Company New Taxpayer Number New Taxpayer Rejected Effective Company New Taxpayer Number Num | Day Month Year No. of certificates Secondary Standard Secondary S |
| Approved by Position Regis | stration Type Date approved/rejected No. of certificates Secondary Standard required Industrial Code |



GOVERNMENT OF SAINT LUCIA INLAND REVENUE DEPARTMENT

VALUE ADDED TAX

REGISTRATION DETAILS OF THE PARTNERS, JOINT VENTURE PARTNERS AND DIRECTORS (Please Print)

Home Address Last Name First Name & Initial Telephone Number **Email Address** Taxpayer Number or National Insurance Number Last Name First Name & Initial Home Address Telephone Number **Email Address** Taxpayer Number or National Insurance Number Last Name First Name & Initial Home Address Telephone Number **Email Address** Taxpayer Number or National Insurance Number Last Name First Name & Initial Home Address Telephone Number Email Address Taxpayer Number or National Insurance Number Last Name First Name & Initial Home Address Telephone Number **Email Address** Taxpayer Number or National Insurance Number Last Name First Name & Initial Home Address Telephone Number Email Address Taxpayer Number or National Insurance Number

| Document Number | | | | | | |
|-----------------|--|--|--|--|--|--|
| | | | | | | |

FOR INLAND REVENUE USE ONLY:



GOVERNMENT OF SAINT LUCIA INLAND REVENUE DEPARTMENT

VALUE ADDED TAX DETAILS OF PERSONS REQUESTING VOLUNTARY REGISTRATION

(Please Print)

| Section 12 of the VAT Act provide though their taxable supplies are and will likely remain below \$180 of the Comptroller of Inland Revergistration below: | below or expect to b 0,000. Such applicati | oe below ions are a | the \$180,000 approved at the | threshold, he discretion |
|--|--|------------------------|----------------------------------|-----------------------------|
| Forecast date for commencement of trading in taxable supplies | Amount of taxable su | pplies anticip | pated on an | |
| Day Month Year | annual basis \$ t / antonomics (tight the approximation) | nuista hay fa | ov seek stage) | |
| Stage of development of the business / project Registration of the entity with the appro Procuren Establishment of con | Not started opriate authority nent of premises ntracts of supply | Started Started | 50% complete | Complete |
| FOR INLAND REVENUE USE ON | Document | t Number | Taxpay | er Number |



GOVERNMENT OF SAINT LUCIA INLAND REVENUE DEPARTMENT

VALUE ADDED TAX APPLICATION FOR REGISTRATION

| 1. Name of Taxpayer | 2. Trade Name |
|--|---|
| 3. Address | 4. Mailing Address |
| J. Addiess | T. Maining Addices |
| | |
| 5. Telephone Number(s) | 6. Fax Number(s) |
| () | () |
| 7. Email Address | 8. Representative 9. Position |
| 10. Primary Business Gross Sales | 11. Secondary Business Gross Sales |
| Activity of Primary Activity | Activity of Secondary Activity |
| 12. Date Taxable Activity Commenced | 13. Value of Taxable Supplies excluding Capital Goods |
| | |
| Day Month Year 14. Sole Trader Partnership Joint Venture Com | pany Other (please specify) |
| | |
| 15. Please tick as appropriate (a) Do you expect taxable supplies for the next 12 | Yes No (b) Are you registered for another tax such as Income |
| months to exceed \$180,000? | Tax? |
| (c Do you carry out taxable activities in more than one location? (If yes, attach a list of the trade names and locations) | (d) Are you registering voluntarily? (If yes, please complete Form VAT- 001b) |
| (e) Do you make zero-rated and/or exempt supplies? (If yes, complete line 16) | (f) Are your accounting records computerized? |
| (g) Are you a Promoter of public entertainment? | (h) Are you trading as a Hotel or other similar establishment? |
| 16. How much of your supplies are: Zero-rated Supplies \$ | Exempt Supplies \$ Exports \$ |
| 17. Registration details of the Sole Trader, Partners, Joint Venture I | artners and Directors |
| | |
| Last Name First Name & Initial | Home Address |
| Last Name First Name & Initial | |
| | |
| Last Name First Name & Initial | |
| Last Name First Name & Initial Telephone Number Email Address | |
| Last Name First Name & Initial Telephone Number Email Address Taxpayer Number or National Insurance Number Last Name First Name & Initial | Home Address |
| Last Name First Name & Initial Telephone Number Email Address Taxpayer Number or National Insurance Number | Home Address |
| Last Name First Name & Initial Telephone Number Email Address Taxpayer Number or National Insurance Number Last Name First Name & Initial | Home Address |
| Last Name First Name & Initial Telephone Number Email Address Taxpayer Number or National Insurance Number Last Name First Name & Initial Telephone Number Email Address | Home Address |
| Last Name First Name & Initial Telephone Number Email Address Taxpayer Number or National Insurance Number Last Name First Name & Initial Telephone Number Email Address Taxpayer Number or National Insurance Number Taxpayer Number or National Insurance Number | Home Address Home Address |
| Last Name First Name & Initial Telephone Number Email Address Taxpayer Number or National Insurance Number Last Name First Name & Initial Telephone Number Email Address Taxpayer Number or National Insurance Number Taxpayer Number or National Insurance Number | Home Address |
| Last Name First Name & Initial Telephone Number Email Address Taxpayer Number or National Insurance Number Last Name First Name & Initial Telephone Number Email Address Taxpayer Number or National Insurance Number Taxpayer Number or National Insurance Number | Home Address Home Address |
| Last Name First Name & Initial Telephone Number Email Address Taxpayer Number or National Insurance Number Last Name First Name & Initial Telephone Number Email Address Taxpayer Number or National Insurance Number Taxpayer Number or National Insurance Number 18. Bank Information for Refunds Name of Bank | Home Address Home Address |
| Last Name First Name & Initial Telephone Number Email Address Taxpayer Number or National Insurance Number Last Name First Name & Initial Telephone Number Email Address Taxpayer Number or National Insurance Number Taxpayer Number or National Insurance Number 18. Bank Information for Refunds Name of Bank Account Number | Home Address Home Address ddress |
| Last Name First Name & Initial Telephone Number Email Address Taxpayer Number or National Insurance Number Last Name First Name & Initial Telephone Number Email Address Taxpayer Number or National Insurance Number Taxpayer Number or National Insurance Number 18. Bank Information for Refunds Name of Bank Account Number DECI | Home Address Home Address ARATION |
| Last Name First Name & Initial Telephone Number Email Address Taxpayer Number or National Insurance Number Last Name First Name & Initial Telephone Number Email Address Taxpayer Number or National Insurance Number Taxpayer Number or National Insurance Number 18. Bank Information for Refunds Name of Bank Account Number DECI | Home Address Home Address Home Address ARATION Cormation given on this application form is true, correct and |
| Last Name First Name & Initial Telephone Number Taxpayer Number or National Insurance Number Last Name First Name & Initial Telephone Number Email Address Taxpayer Number or National Insurance Number Taxpayer Number or National Insurance Number 18. Bank Information for Refunds Name of Bank Account Number 19. DECI I hereby certify that the information | Home Address Home Address Home Address ARATION Cormation given on this application form is true, correct and |
| Last Name First Name & Initial Telephone Number Taxpayer Number or National Insurance Number Last Name First Name & Initial Telephone Number Email Address Taxpayer Number or National Insurance Number Taxpayer Number or National Insurance Number 18. Bank Information for Refunds Name of Bank Account Number 19. DECI I hereby certify that the information complete and I further declare that I have the authority to make this | Home Address Home Address ARATION Cormation given on this application form is true, correct and disclosure of the information provided |
| Last Name First Name & Initial Telephone Number Taxpayer Number or National Insurance Number Last Name First Name & Initial Telephone Number Email Address Taxpayer Number or National Insurance Number Taxpayer Number or National Insurance Number 18. Bank Information for Refunds Name of Bank Account Number 19. DECI I hereby certify that the infomplete and I further declare that I have the authority to make this Signature | Home Address Home Address Home Address ARATION Cormation given on this application form is true, correct and disclosure of the information provided Title Date Day Month Year |
| Last Name First Name & Initial Telephone Number Email Address Taxpayer Number or National Insurance Number Last Name First Name & Initial Telephone Number Email Address Taxpayer Number or National Insurance Number Taxpayer Number or National Insurance Number 18. Bank Information for Refunds Name of Bank Account Number 19. DECI Time thereby certify that the information of the properties of | Home Address Home Address Home Address ARATION Commation given on this application form is true, correct and disclosure of the information provided Title Date Day Month Year MAKE A FALSE DECLARATION |
| Last Name First Name & Initial Telephone Number Taxpayer Number or National Insurance Number Last Name First Name & Initial Telephone Number Email Address Taxpayer Number or National Insurance Number Taxpayer Number or National Insurance Numbe | Home Address Home Address Home Address Home Address Home Address Home Address ARATION ARATION Cormation given on this application form is true, correct and disclosure of the information provided Title Date Day Month Year MAKE A FALSE DECLARATION REVENUE USE ONLY Primary Standard Industrial Code |
| Last Name First Name & Initial Telephone Number Taxpayer Number or National Insurance Number Last Name First Name & Initial Telephone Number Email Address Taxpayer Number or National Insurance Number Taxpayer Number or National Insurance Number Is. Bank Information for Refunds Name of Bank Account Number 19. DECI Taxpayer Number or National Insurance Number Taxpayer Number | Home Address Home Address Home Address Home Address ARATION Correct and disclosure of the information provided Title Date Day Month Year MAKE A FALSE DECLARATION REVENUE USE ONLY Primary Standard Industrial Code |



GOVERNMENT OF SAINT LUCIA INLAND REVENUE DEPARTMENT

VALUE ADDED TAX

REGISTRATION DETAILS OF THE PARTNERS, JOINT VENTURE PARTNERS AND DIRECTORS (Please Print)

Home Address Last Name First Name & Initial Telephone Number **Email Address** Taxpayer Number or National Insurance Number Last Name First Name & Initial Home Address Telephone Number **Email Address** Taxpayer Number or National Insurance Number Last Name First Name & Initial Home Address Telephone Number **Email Address** Taxpayer Number or National Insurance Number Last Name First Name & Initial Home Address Telephone Number Email Address Taxpayer Number or National Insurance Number Last Name First Name & Initial Home Address Telephone Number **Email Address** Taxpayer Number or National Insurance Number Last Name First Name & Initial Home Address Telephone Number Email Address Taxpayer Number or National Insurance Number

| Document Number | | | | | | |
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VALUE ADDED TAX DETAILS OF PERSONS REQUESTING VOLUNTARY REGISTRATION

(Please Print)

| Section 12 of the VAT Act provide though their taxable supplies are and will likely remain below \$180 of the Comptroller of Inland Revergistration below: | below or expect to b 0,000. Such applicati | oe below ions are a | the \$180,000 approved at the | threshold, he discretion |
|--|--|------------------------|----------------------------------|-----------------------------|
| Forecast date for commencement of trading in taxable supplies | Amount of taxable su | pplies anticip | pated on an | |
| Day Month Year | annual basis \$ t / antonomics (tight the approximation) | nuista hay fa | ov seek stage) | |
| Stage of development of the business / project Registration of the entity with the appro Procuren Establishment of con | Not started opriate authority nent of premises ntracts of supply | Started Started | 50% complete | Complete |
| FOR INLAND REVENUE USE ON | Document | t Number | Taxpay | er Number |











Tel: (758) 468 1420 Email: vatcoordinator@vat.gov.lc vatinfo@vat,gov.lc

Website: www.vat.gov.lc

Ministry of Finance Inland Revenue Department April 2012