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SCHEDULE 1

Regulation 7

The form which is to be added to the Value Added Tax Regulations 1995 is as follows.

"Form No. 7A

Value Added Tax

VAT Registration Notification

This notification form must only be filled in if you have to register because you are making relevant supplies in the UK and you have no place of business here. Section 7 of VAT Notice 700/4 Registration for VAT: Non-established taxable persons gives more information about this and will help you to answer the questions on the form.

Please answer all questions. Write clearly in black ink and use CAPITAL LETTERS

ne			
Partnerships partners (pa	rtnerships must also comp	name. If you do not have one,	
•	a trading name?	Yes	No
lness addres			
	s the address of your princip	nal place of business	
Postcode		Phone number	
		Fax number	

Tax representative

 If you have appointed a tax representative to deal with your VAT matters in the UK please give details below.

Name	
Address	
	Phone number
Postcode	Fax number

VAT1C

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Statu	ıs	
5.	What is the structure/legal status of the	business? (Please tick)
	Sole proprietor	Partnership
	Corporate body	(Please give your company incorporation details)
		Certificate number Date
	Unincorporated body	Please give details
Busi	ness activities	
6.	What does your business do or intend to	o do? Tell us about your current or intended business activities.
(
Banl	k details	
7.	Please give your UK bank details or you	ur tax representative's bank details.
	Sort code	Account number
		or
	No bank account (please tick)	Girobank account number
Com	puter accounts	
8.	Is your accounting system computerised	d?
	Yes (Give details below)	No
	Computer type	
	Software	Version
Rele	vant supplies	
9.	Have you made any relevant supplies y	et? (Please tick one box)
	Yes, I made my first relevan	t supply on
	No, but I expect to make my	first relevant supply on
VAT1	C	IB(March 2000)

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10.	When did you first have reasonable grounds to believe that you were going to make relevant supplies?
	Date
11.	What value of relevant supplies do you expect to make in the next 12 months?
	£
12.	Do you make any other taxable supplies in the UK?
	Yes No
	If, "Yes", enter the estimated value of all taxable supplies, other than your relevant supplies, that you expect to make in the UK in the next 12 months.
Tran	sfer of assets
13.	Are you registering because VAT has been recovered by a predecessor in connection with the relevant supplies you have made, or intend to make?
	Yes No
	If "Yes", give the name(s) and address(es) of the person(s) who recovered VAT under either the Eighth or Thirteeneth Directive refund schemes.
Exen	nption
14.	Do you want exemption from registration because your relevant supplies are wholly zero-rated?
	Yes No
	If "Yes", give the expected value of your zero-rated supplies in the next 12 months.
	Zero-rated relevant supplies
Othe	er VAT registrations
15.	Are you involved in, or have you (or any other partners or directors in your business) been involved in any other businesses in the past 5 years?
	Yes No
	If "Yes", give the names and VAT registration numbers of these businesses. (Continue on a separate sheet, if necessary)
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Declaration				
I declare that the complete.	ne informatio	on given on this form and contai	ned in any accompanying document is true ar	nd
Signature			Date	
Full name				
What is your position	in the busin	ness? (<i>Please tick</i>))
Proprietor		Partner	Director	
Company Secretary		Trustee	Other	
			If "Other", give details	
Checklist				
Have you answ	vered every	question?		

- Have you answered every question? Have you signed the form? Partnership? Remember to complete Form VAT 2
- Appointing a tax representative? Remember to complete Form VAT1TR

What to do next

When you have completed and signed the form, please send it to the VAT Registration Unit specified in VAT Notice 700/4 Registration for VAT: Non-established taxable persons. If you have any problems completing the form please contact the Registration Unit.

Usually we will register you and give you a VAT registration number within 15 working days of receiving your form, provided you have given all the necessary information.

			D M	Y	Stagger	Status
Local office code and registration number						
Name			Trade classification		Taxable turn	over
Trade name			1 1 1			
Oversize name Rept. Vol address	Comp. Group user Div Intg. Overse	eas Intg. EC	Value of Sales to EC	Value	e of Purchases	from EC
Registration	Obligatory/Voluntary	Exemption	Intending	Transfer of F	Regn No	
				-		
Approved - Initial/date			1	l .		

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