



**GOVERNMENT OF SAINT LUCIA  
INLAND REVENUE DEPARTMENT**

Form VAT-001 / 2012

**VALUE ADDED TAX  
APPLICATION FOR REGISTRATION**

<p>1. Name of Taxpayer <input style="width:95%;" type="text"/></p> <p>3. Address <input style="width:95%;" type="text"/> <input style="width:95%;" type="text"/> <input style="width:95%;" type="text"/></p> <p>5. Telephone Number(s) <input style="width:45%;" type="text"/> <input style="width:45%;" type="text"/></p> <p>7. Email Address <input style="width:95%;" type="text"/></p> <p>10. Primary Business Activity <input style="width:95%;" type="text"/></p> <p>Gross Sales of Primary Activity \$ <input style="width:45%;" type="text"/></p> <p>12. Date Taxable Activity Commenced <input style="width:15%;" type="text"/> / <input style="width:15%;" type="text"/> / <input style="width:15%;" type="text"/> <small>Day Month Year</small></p>	<p>2. Trade Name <input style="width:95%;" type="text"/></p> <p>4. Mailing Address <input style="width:95%;" type="text"/> <input style="width:95%;" type="text"/> <input style="width:95%;" type="text"/></p> <p>6. Fax Number(s) <input style="width:45%;" type="text"/> <input style="width:45%;" type="text"/></p> <p>8. Representative <input style="width:45%;" type="text"/> 9. Position <input style="width:45%;" type="text"/></p> <p>11. Secondary Business Activity <input style="width:95%;" type="text"/></p> <p>Gross Sales of Secondary Activity \$ <input style="width:45%;" type="text"/></p> <p>13. Value of Taxable Supplies excluding Capital Goods <input style="width:95%;" type="text"/></p>
<p>14. <input type="radio"/> Sole Trader <input type="radio"/> Partnership <input type="radio"/> Joint Venture <input type="radio"/> Company <input type="radio"/> Other (please specify) <input style="width:20%;" type="text"/></p>	

**15. Please tick as appropriate**

<p>(a) Do you expect taxable supplies for the next 12 months to exceed \$180,000? <input type="radio"/> Yes <input type="radio"/> No</p> <p>(c) Do you carry out taxable activities in more than one location? (If yes, attach a list of the trade names and locations) <input type="radio"/> Yes <input type="radio"/> No</p> <p>(e) Do you make zero-rated and/or exempt supplies? (If yes, complete line 16) <input type="radio"/> Yes <input type="radio"/> No</p> <p>(g) Are you a Promoter of public entertainment? <input type="radio"/> Yes <input type="radio"/> No</p>	<p>(b) Are you registered for another tax such as Income Tax? <input type="radio"/> Yes <input type="radio"/> No</p> <p>(d) Are you registering voluntarily? (If yes, please complete Form VAT- 001b) <input type="radio"/> Yes <input type="radio"/> No</p> <p>(f) Are your accounting records computerized? <input type="radio"/> Yes <input type="radio"/> No</p> <p>(h) Are you trading as a Hotel or other similar establishment? <input type="radio"/> Yes <input type="radio"/> No</p>
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16. How much of your supplies are:

Zero-rated Supplies	\$ <input style="width:40%;" type="text"/>	Exempt Supplies	\$ <input style="width:40%;" type="text"/>	Exports	\$ <input style="width:40%;" type="text"/>
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**17. Registration details of the Sole Trader, Partners, Joint Venture Partners and Directors**

Last Name <input style="width:95%;" type="text"/>	First Name & Initial <input style="width:95%;" type="text"/>	Home Address <input style="width:95%;" type="text"/> <input style="width:95%;" type="text"/>
Telephone Number <input style="width:95%;" type="text"/>	Email Address <input style="width:95%;" type="text"/>	
Taxpayer Number <b>or</b> National Insurance Number <input style="width:95%;" type="text"/>		
Last Name <input style="width:95%;" type="text"/>	First Name & Initial <input style="width:95%;" type="text"/>	Home Address <input style="width:95%;" type="text"/> <input style="width:95%;" type="text"/>
Telephone Number <input style="width:95%;" type="text"/>	Email Address <input style="width:95%;" type="text"/>	
Taxpayer Number <b>or</b> National Insurance Number <input style="width:95%;" type="text"/>		

**18. Bank Information for Refunds**

Name of Bank <input style="width:95%;" type="text"/>	Address <input style="width:95%;" type="text"/> <input style="width:95%;" type="text"/>
Account Number <input style="width:95%;" type="text"/>	

**19. DECLARATION**

I  hereby certify that the information given on this application form is true, correct and complete and I further declare that I have the authority to make this disclosure of the information provided

Signature <input style="width:95%;" type="text"/>	Title <input style="width:95%;" type="text"/>	Date <input style="width:15%;" type="text"/> / <input style="width:15%;" type="text"/> / <input style="width:15%;" type="text"/> <small>Day Month Year</small>
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**IT IS A SERIOUS OFFENCE TO MAKE A FALSE DECLARATION**

**FOR INLAND REVENUE USE ONLY**

<input style="width:100%;" type="text"/>	Document Number						Primary Standard Industrial Code <input style="width:95%;" type="text"/>
Application Received <input style="width:15%;" type="text"/> / <input style="width:15%;" type="text"/> / <input style="width:15%;" type="text"/> <small>Day Month Year</small>	Applicant's Taxpayer Number <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/>	New Taxpayer <input type="radio"/>	Rejected <input type="radio"/>	Effective date of Registration <input style="width:15%;" type="text"/> / <input style="width:15%;" type="text"/> / <input style="width:15%;" type="text"/> <small>Day Month Year</small>	V.A.T. Taxpayer Account Number <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/>		
Approved by <input style="width:95%;" type="text"/>	Position <input style="width:95%;" type="text"/>	Registration Type <input style="width:95%;" type="text"/>	Date approved/rejected <input style="width:15%;" type="text"/> / <input style="width:15%;" type="text"/> / <input style="width:15%;" type="text"/> <small>Day Month Year</small>	No. of certificates required <input style="width:15%;" type="text"/>	Secondary Standard Industrial Code <input style="width:95%;" type="text"/>		