2001 No. 3828

VALUE ADDED TAX

The Value Added Tax (Amendment) (No. 3) Regulations 2001

Made - - - - 27th November 2001

Laid before the House of

Commons - - - 3rd December 2001

Coming into force - - 1st January 2002

The Commissioners of Customs and Excise, in exercise of the powers conferred on them by section 3(4) of, and paragraph 17 of Schedule 1 to, the Value Added Tax Act 1994(a) and of all other powers enabling them in that behalf, hereby make the following regulations:

- 1. These Regulations may be cited as the Value Added Tax (Amendment) (No.3) Regulations 2001 and come into force on 1st January 2002.
 - 2. The Value Added Tax Regulations 1995(b) are amended as follows.
- **3.** In Schedule 1, for forms numbered 1 and 2 substitute respectively forms numbered 1 and 2 in the Schedule to these Regulations.

New King's Beam House 22 Upper Ground London SE1 9PJ

27th November 2001

Martin Brown
Commissioner of Customs and Excise

⁽a) 1994 c. 23; section 96(1) defines "the Commissioners" as meaning the Commissioners of Customs and Excise and "regulations" as meaning regulations made by the Commissioners.

⁽b) S.I. 1995/2518; relevant amending instrument is S.I. 2000/794.

Form No. 1 Regulation 5(1)



Value Added Tax

Application for registration

Please read VAT Notice 700/1: Should I be registered for VAT? before you begin to complete the application form as the explanatory notes will help you. If you have any problems completing the form please contact the National Advice Service on 0845 010 9000 or visit our website at www.hmce.gov.uk.

You must answer all questions as directed. Write clearly in black ink and use CAPITAL LETTERS

VAT 1

Part 1 About the business

Nama	
 Sole proprietors – please give your full name. Partnerships – please give your trading name, or if you do not have one please give the names of all partners. You must also complete and return form VAT 2 (available from the National Advice Service or our website). Corporate or unincorporated bodies – please give the name of the company, club, association, etc. Do you have a trading name? (Please tick) Please give the trading name of the business. 	Yes No
Status	
What is the structure/legal status of the business? (Please tick)	Sole proprietor Partnership (Please complete form VAT 2) Corporate body (e.g. limited company) Please give incorporation details: Certificate no. Date of incorporation Country of incorporation Unincorporated body (e.g. club or association) Please specify
Please give the address of your principal place of business. This is where you carry out most of the day-to-day running of the business. e.g. where you receive and deal with orders.	Postcode Business phone Fax number Mobile phone E-mail address Internet address

Page '

Business activities	
Please tell us about all your current and/or intended business activities. (Continue on a separate sheet if necessary)	
Are you or any of the partners or directors in the business you are seeking to register through this application, involved in running any other businesses either as a sole proprietor, partner or director? (Please tick)	Yes No If yes, please give the names of these businesses and VAT registration numbers where appropriate. (Continue on a separate sheet if necessary)
Have you, or any of the partners or directors in the business you are seeking to register through this application, been involved in running any other businesses either as a sole proprietor, partner or director in the past two years? (Please tick)	Yes No If yes, please give the names of these businesses and VAT registration numbers where appropriate. (Continue on a separate sheet if necessary)
Is your business involved in any other activities registered with or authorised by Customs and Excise? (Please tick boxes as appropriate)	Excise duties Imports/exports Landfill tax Air passenger duty Insurance premium tax Climate change levy Aggregates levy (From 1/4/2002)
Are you registering as the representative member of a VAT group? (Please tick)	If yes, you must provide the additional information set out on forms VAT 50 and VAT 51 (available from the National Advice Service tel: 0845 010 9000 or our website).
Part 2 About the business acc	counts
Do you expect to receive regular repayments of VAT? (Please tick)	Po not answer yes if you believe that the majority of your VAT returns will show an overall payment of tax due to Customs and Excise.
	Page 2

mputer accounts		
1 0 0 0 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	g system computerised?	Yes No
(Please tick)		If yes , please give details of the software used in compiling your accounts.
		Software
		Version
nk details		
Please give detail	s of the bank or building	Sort code Account number
society account t	hat you use for the business.	
		or Girobank account number
For the purposes or services – are c	of VAT, all the goods or services you alled 'taxable supplies', whether yo	u supply which are VAT-rated – even zero-rated goods u are registered for VAT or not. The purchases you
For the purposes of or services – are commake for your busi	of VAT, all the goods or services you	u supply which are VAT-rated — even zero-rated goods u are registered for VAT or not. The purchases you Yes No If yes, give the date of your first taxable supply.
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You	r taxable turnover and date of registration	
	We need the following information to determine whether entitled to be registered. The total value of your taxable taxable turnover. The question of whether you need to be your taxable turnover in any past period of 12 months of turnover in any period then beginning of 30 days alone.	supplies (see 'Start of business' above) is called your se registered for VAT will depend upon the level of
18	Have your taxable supplies, in the past 12 months or less, gone over the registration limit and/or has there been a point in the past when taxable supplies in the previous 12 months or less exceeded the registration limit? (Please tick)	If yes, please give the date they exceeded. (The current limits are in Notice 700/1: Should I be registered for VAT?) My taxable supplies exceeded the threshold on You will be registered from the first day of the second month following, eg. If your taxable supplies exceeded the threshold in June you will be registered from 1st August.
19	Do you expect the taxable supplies you will make in the next 30 days alone will exceed the registration limit and/or has there been a date in the past when there were grounds for believing that your taxable supplies would exceed the registration limit in the next 30 days alone? (Please tick)	My expectation arose on You will be registered from the date the expectation arose.
20	Do you wish to be registered from a date earlier than the date on which you are obliged to be registered? (Please tick)	Yes No (If no proceed to question 23)
21	From what date would you like to be registered?	Proceed to question 23)
Volu	intary registration	
22	I am applying for voluntary registration because: (Please tick)	My taxable turnover is below the current registration threshold. I am not currently making taxable supplies but intend to in the future. I am established or have a fixed establishment in the UK and make or intend to make supplies only outside the UK.
	I would like to be registered from	
Valu	e of your supplies	
23	Please estimate the value of taxable supplies you expect to make in the next 12 months.	£

Do you expect to make any exempt supplies?	Yes No
(For more information about exempt supplies see Notice 700/1: Should I be registered for VAT?) (Please tick)	If yes, estimate the value of exempt supplies you expect to make in the next 12 months.
	£
EC Trade (A list of EC Member States is in Notice 700/1: Should I be registered for VAT?)	
Please tell us the value of goods you are likely to buy from other EC Member States or sell to	£
other EC Member States in the next 12 months	Sell £
emption from registration	
Do you want exemption from registration because your taxable supplies are wholly	Yes No
or mainly zero-rated?	If yes , give the expected value of your zero-rated supplies in the next 12 months.
	Zero-rated supplies £
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me address and National Insurance number Please give your full home address and your Nation • Sole proprietors – give your home address and National Insurance number	onal Insurance number tional Insurance number below
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Please give your full home address and your National Insurance number • Sole proprietors – give your home address and National Insurance proprietors – give home address and National Insurance bodies – give home address and National Secretary or authorised signatory signing the application signatory include a letter of authorisation signed by their home address and National Insurance number • Unincorporated bodies – give home address and Napplication form. Home address (If you have lived at this address for less than three years please provide details of your previous home	conal Insurance number stional Insurance number below surance numbers of all partners on form VAT 2 al Insurance number of the director, company ation form. If you are signing as an authorised a director or company secretary. This must include
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Please give your full home address and your National Insurance number • Sole proprietors – give your home address and National Insurance proprietors – give home address and National Insurance bodies – give home address and National Secretary or authorised signatory signing the application signatory include a letter of authorisation signed by their home address and National Insurance number • Unincorporated bodies – give home address and Napplication form. Home address (If you have lived at this address for less than three years please provide details of your previous home	conal Insurance number stional Insurance number below surance numbers of all partners on form VAT 2 al Insurance number of the director, company ation form. If you are signing as an authorised a director or company secretary. This must include
Please give your full home address and your National Insurance number • Sole proprietors – give your home address and National Insurance proprietors – give home address and National Insurance bodies – give home address and National Secretary or authorised signatory signing the application signatory include a letter of authorisation signed by their home address and National Insurance number • Unincorporated bodies – give home address and Napplication form. Home address (If you have lived at this address for less than three years please provide details of your previous home	conal Insurance number stional Insurance number below surance numbers of all partners on form VAT 2 all Insurance number of the director, company ation form. If you are signing as an authorised a director or company secretary. This must include r. ational Insurance number of the person signing the
Please give your full home address and your Nation • Sole proprietors – give your home address and National Ins • Partnerships – give home address and National Ins • Corporate bodies – give home address and National secretary or authorised signatory signing the application signatory include a letter of authorisation signed by their home address and National Insurance number • Unincorporated bodies – give home address and Napplication form. Home address (If you have lived at this address for less than three years please provide details of your previous home address on a separate sheet)	conal Insurance number stional Insurance number below surance numbers of all partners on form VAT 2 al Insurance number of the director, company ation form. If you are signing as an authorised a director or company secretary. This must include f. ational Insurance number of the person signing the
Please give your full home address and your National Insurance number • Sole proprietors – give your home address and National Insurance pive home address and National secretary or authorised signatory signing the application signatory include a letter of authorisation signed by their home address and National Insurance number. • Unincorporated bodies – give home address and Napplication form. Home address (If you have lived at this address for less than three years please provide details of your previous home address on a separate sheet) National Insurance number If you do not have a National Insurance number please give your Tax Identification number issued	conal Insurance number stional Insurance number below surance numbers of all partners on form VAT 2 al Insurance number of the director, company ation form. If you are signing as an authorised a director or company secretary. This must include f. ational Insurance number of the person signing the

Dec	laration	
28	Please sign and date the declaration below (Corporate bodies – a director, company secretary or authorised signatory must sign the form)	(Insert full name in BLOCK CAPITALS)
	I declare that the information given on this form and	d accompanying document is true and complete.
	Your position in the business (Please tick one box)	Date Proprietor Partner Director Company Secretary Trustee Other (Please give details)

Checklist

- · Have you signed the form?
- Partnership? Remember to complete and enclose form VAT 2
- VAT group? Remember to complete and enclose forms VAT 50 and VAT 51
- · Corporate body? Have you completed the incorporation details in question 3?
- Applying on a voluntary basis because you are not trading yet? Remember to enclose evidence of your intention to trade such as copies of contracts, details of purchases for your business etc.
- Taking over a VAT registration number from a previous owner? Remember to complete and enclose form VAT 68 if you wish to retain the VAT number
- Involved in land or property-related supplies where you are electing to waive exemption from VAT (opting to tax)? Have you enclosed details as per Notice 700/1: Should I be registered for VAT?
- · Have you notified the Inland Revenue of your business start up?

What to do next?

When you have completed and signed this form please send it to the address given in Notice 700/1 **Should I be registered for VAT?** Provided you have given all the necessary information we will usually register and give you a VAT registration number within 15 working days of receiving your application form.

Data Protection Act 1998

HM Customs and Excise collects information in order to administer the taxes for which it is responsible (such as VAT, insurance premium tax, excise duties, air passenger duty, landfill tax), and for detecting and preventing crime. Where the law permits we may also obtain information about you from third parties, or give information to them. This would be to check its accuracy, prevent or detect crime or protect public funds in other ways. These third parties may include the police, other government departments and agencies.

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Regulation 5(1)

1	cfo	For official use only
NA PL	IL. CELLEI	Date of receipt
A CAN	/##\	5515 51 1556lpt
APEN OF	HM Customs and Excise	
OD Shir	Each partner should complete one of the sections below.	
VALUETA A	Please start at the beginning of each line and leave a	
Pa.	space between words.	Registration No. (where known)
	Please use BLOCK CAPITALS and write clearly in ink.	
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Full name		
Homo oddresa		
Home address		
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Signature	Date	
Partner detail	s	
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Signature	Date	
/AT 2		
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	Partner details	
5	Full name	
	Home address	
	Postcode	
	Home telephone	Mobile telephone
	National Insurance	Number or Tax Identifier in country of origin
	Signature	Date
	Partner details	
6	Full name	
	Home address	
	Postcode	
	Home telephone	Mobile telephone
	National Insurance	Number or Tax Identifier in country of origin
	Signature	Date
- 01	Partner details	
7	Full name	
	Home address	
	Postcode	
	Home telephone	Mobile telephone
	National Insurance	Number or Tax Identifier in country of origin
	Signature	Date
	Partner details	
8	Full name	
	Home address	
	Postcode	
	Home telephone	Mobile telephone
	National Insurance	Number or Tax Identifier in country of origin
	Signature	Date
	Partner details	
9	Full name	
	Home address	
	Postcode	
	Home telephone	Mobile telephone
	National Insurance	Number or Tax Identifier in country of origin
	Signature	Date
/AT 2	everse (11/01)	

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations, which come into force on 1st January 2002, amend Schedule 1 to the Value Added Tax Regulations 1995 (S.I. 1995/2518) by substituting revised Forms 1 and 2, the Application for VAT Registration and the Partnership Details forms respectively.

$S\ T\ A\ T\ U\ T\ O\ R\ Y\quad I\ N\ S\ T\ R\ U\ M\ E\ N\ T\ S$

2001 No. 3828

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