



Local Authority or other body's details

Type of body

- Local Authority or similar body
 Academy school
 Charity
 Non-departmental bodies or similar bodies

Do you know your customer reference number?

- Yes
 No

Customer reference number

69740

Name

Broad Chalke Parish Council

UK address

Line 1

6, Stoke Farthing Courtyard

Line 2

Broad Chalke

Line 3 (optional)

Salisbury

Postcode

SP55EE

Telephone number

07552159369

Period of claim

From

To

Is this your first claim?

Yes

No

Have you changed your bank details?

Yes

No

Bank details

Bank or building society name

Account number

Sort code

- -

Building society roll number/account number

When you print this form please sign in the box shown below

All claims requiring a change of bank, must be accompanied by documentary evidence of banking details e.g a copy of a statement or bank letter

Invoice details

You must list the invoices on which you are claiming a refund in the Invoice details section.

Do you have more than 20 invoices?

Yes

No

For each invoice please provide details of the following on a separate sheet of paper:

- date of invoice
- supplier's VAT Registration Number
- brief description of supply
- to whom addressed
- VAT paid

Declaration

Amount of refund

£

- The tax claimed includes VAT incurred for exempt business activities which can be reclaimed under paragraph 5.5 of Notice 749 (April 2002). (Tick if appropriate)

- I am a non-departmental body or similar body and I am claiming a refund of the amount shown above which is the VAT incurred on the purchase of services listed in the existing Treasury Direction bought for my non-business activities. (Tick if appropriate)

- I am claiming a refund of the amount shown above which is the VAT charged on goods and services bought for non-business activities.

- The body named above makes no taxable supplies and is not registered for VAT, if requested I will produce tax invoices to support this claim.

When you have printed the form, please sign and date it in the appropriate boxes.

Signature

Date

DD MM YYYY

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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What to do now

Please send the completed form along with any attachments to:

HM Revenue and Customs
Corporate Treasury
DMB 613
West Yorkshire
BX5 5AB