



Read the VAT65A (Notes) before completing this form.

HM Revenue & Customs
VAT Overseas Repayments
8th/13th Directive
PO Box 34
Foyle House
Duncreggan Road
Londonderry
BT48 7AE
Northern Ireland

Enter your Unique Reference Number (URN), only if this is **not** your first application

Is this form being completed by an agent on behalf of a trader? Enter 'X' if it is.

1 Your forename(s) and surname or name of business

 House name/number and street name

 Place, for the UK this will be your town and county

 Country

 Postal reference, for the UK this will be your postcode

2 Nature of applicant's business

3 For the country in which you are established, or have your domicile, or have your normal place of residence, give the following

 Tax/Business registration number

 Name of the official authority

Address of the official authority

4 Period covered by this application MM YY

 From to

5 Total amount of refund requested. See itemised schedules

 £

6 Enter details of the account where you would like to receive the payment of your requested refund

 Non-UK bank account UK bank account
 Postal account
 IBAN

 Currency of account

 Bank SWIFT code

 Bank identifier code

Account in the name of

Three horizontal lines for entering account name.

Name of bank

Three horizontal lines for entering bank name.

Address of bank

Three horizontal lines for entering bank address.

7 Number of items enclosed *excluding itemised schedules*

Documents

Small rectangular box for document count.

Invoices

Rectangular box for invoice count.

Import documents

Small rectangular box for import document count.

Declaration

8 I hereby declare that:

- a) the goods or services specified on the itemised schedule(s) were used for the following business activities in the UK.

Five horizontal lines for listing business activities.

- b) in the UK during the period covered by this application, I engaged in (*put 'X' in appropriate box*)

no supply of goods or services

only the provision of services in respect of which tax is payable solely by the person to whom they are supplied

only the provision of certain supporting exempted transport services.

- c) the details given in this application are true.

I agree to pay back any monies wrongfully obtained

Signature

Large rectangular box for signature.

Date *DD MM YYYY, for example 21 10 2008*

Three small boxes for date (DD, MM, YYYY).

Place application signed

Two horizontal lines for place signed.

Contact phone number

Horizontal line for contact phone number.

Fax number

Horizontal line for fax number.

Email address

Three horizontal lines for email address.

You must complete the itemised schedule at question 9 on page 3. If you need more space, use as many copies of the VAT65/65A (CS) continuation sheet as you need. You must send us two copies of each schedule.

Unique Reference Number (URN), if you have one

Small rectangular box for URN.

