



**ST KITTS AND NEVIS
INLAND REVENUE DEPARTMENT**

**VALUE ADDED TAX
APPLICATION FOR REFUND**

(FOR USE BY DIPLOMATIC AND CONSULAR MISSIONS, INTERNATIONAL OR REGIONAL ORGANIZATIONS OR AGENCIES AND NON-REGISTERED TAXPAYERS WHO HAVE OVERPAID V.A.T)

Taxpayer Identification Number	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																												
Full Name of Applicant							Address																						
Telephone Number (s)	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>										<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																		
Fax Number (s)	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																												
Tax Period of Claim	From			To																									

DETAILS OF CLAIM

Total value of goods and/or services (inclusive of V.A.T.)	<table border="1" style="width: 100%; height: 20px;"></table>
V.A.T. charged	<table border="1" style="width: 100%; height: 20px;"></table>
V.A.T. claimed	<table border="1" style="width: 100%; height: 20px;"></table>
Customs Declaration or Receipt Number (if V.A.T. was overpaid)	<table border="1" style="width: 100%; height: 20px;"></table>

DECLARATION

Tick as appropriate: 1= Diplomatic or Consular Missions ; 2= International or Regional Organization or Agency
3= Non-Registered Persons who have overpaid V.A.T.

- 1 I declare that the taxable supplies acquired which form part of this application for refund were **exclusively for use in connection with the work** of the Diplomatic or Consular Mission and that no other application for refund of tax has been previously submitted for this Tax Period.
- 2 I declare that the taxable supplies which form part of this application for refund were for use by (insert name of International or Regional Organization or Agency)

 and that no other application for refund of tax has been previously submitted for this Tax Period.
- 3 I declare that the VAT paid on the articles acquired and or services performed was overpaid and that no other application for refund of tax has been previously submitted for this Tax Period.

Name	Mission/Organization/Agency	Title			
Signature	Date				
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	Day Month Year				

FOR INLAND REVENUE USE ONLY

Date Received	Approved (please sign)	Position	Date cheque issued												
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Amount approved	Cheque number	Document number													
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Notes

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