



APPLICATION FOR REFUND OF VAT ON ACQUISITION OF NEW DWELLING HOUSE

TAXATION DIVISION (Inland Revenue Services)

<p>Name of Applicant <input style="width: 90%;" type="text"/></p> <p>TIN <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px; background-color: black;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px; background-color: black;"></td><td style="width: 15px; height: 15px; background-color: black;"></td></tr></table></p> <p>Postal Address <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 80%; height: 20px;"></td><td style="width: 20%; height: 20px;"></td></tr><tr><td style="width: 80%; height: 20px;"></td><td style="width: 20%; height: 20px;"></td></tr><tr><td style="width: 80%; height: 20px;"></td><td style="width: 20%; height: 20px;"></td></tr></table></p> <p>Address of New Dwelling <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 80%; height: 20px;"></td><td style="width: 20%; height: 20px;"></td></tr><tr><td style="width: 80%; height: 20px;"></td><td style="width: 20%; height: 20px;"></td></tr><tr><td style="width: 80%; height: 20px;"></td><td style="width: 20%; height: 20px;"></td></tr></table></p>																				<p>Individual <input type="checkbox"/> Charitable Organisation <input type="checkbox"/></p> <p>Phone Number <input style="width: 90%;" type="text"/></p> <p>Mobile Number <input style="width: 90%;" type="text"/></p> <p>Fax No. <input style="width: 90%;" type="text"/></p> <p>Email Address <input style="width: 90%;" type="text"/></p> <p>Section <input style="width: 90%;" type="text"/></p> <p>Lot <input style="width: 90%;" type="text"/></p> <p>DP No <input style="width: 90%;" type="text"/></p> <p>CL/NL/CT No <input style="width: 90%;" type="text"/></p>

COMPLETE SECTION A OR SECTION B (whichever is applicable)

<p>Section A – Date and Cost of New Dwelling House</p> <p>Date <input style="width: 60px;" type="text" value=" / /"/> Total Cost (VIP) \$ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 40px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 40px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>VAT paid (3/23) \$ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 40px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 40px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>									<p><u>OFFICE USE ONLY</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%; height: 20px;"></td></tr><tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%; height: 20px;"></td></tr></table>										
<p>Section B – Date and Cost of Completion of construction of New Dwelling House</p> <p>Date of Land Acquisition <input style="width: 60px;" type="text" value=" / /"/> Total Cost (VIP) \$ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 40px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 40px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>Date of Completion <input style="width: 60px;" type="text" value=" / /"/> VAT paid on land (3/23) \$ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 40px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 40px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>VAT paid on construction (3/23) \$ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 40px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 40px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>HAVE YOU PREVIOUSLY CLAIMED FOR VAT REFUND ON NEW DWELLING HOUSE? Yes <input type="checkbox"/> No <input type="checkbox"/></p>													<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%; height: 20px;"></td></tr><tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%; height: 20px;"></td></tr><tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%; height: 20px;"></td></tr></table>						

DECLARATION: I declare that the particulars on this form are true and complete

Signature of Applicant <input style="width: 90%;" type="text"/>	Date <input style="width: 60px;" type="text" value=" / /"/>										
Bank Name <input style="width: 90%;" type="text"/>	Bank Branch <input style="width: 90%;" type="text"/>										
Account No <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>											

NOTE: All attachments to this return must be signed by the person authorised to make this return

IT IS A SERIOUS OFFENCE TO MAKE A FALSE APPLICATION FOR REFUND OF VAT ON NEW DWELLING HOUSE

OFFICE USE ONLY

Verified By <input style="width: 90%;" type="text"/>	STAMP HERE	VAT Refund \$ <input style="width: 90%;" type="text"/>
Entered By <input style="width: 90%;" type="text"/>		District Code <input style="width: 90%;" type="text"/>
Date Entered <input style="width: 60px;" type="text" value=" / /"/>		Location Code <input style="width: 90%;" type="text"/>