



**VALUE ADDED TAX  
APPLICATION FOR REFUND**

(FOR USE BY DIPLOMATS/DIPLOMATIC, CONSULAR MISSIONS, DONORS TO APPROVED CHARITABLE ORGANIZATIONS AND TAXPAYERS WHO HAVE OVERPAID V.A.T.)

Full name of applicant <input style="width:95%;" type="text"/>	Tax Identification Number (if any) <input style="width:95%;" type="text"/>
Telephone Number(s) _____	Address _____ _____
Fax Number(s) _____	Email Address <input style="width:80%;" type="text"/>
Period of Claim From <input style="width:30%;" type="text"/> To <input style="width:30%;" type="text"/>	

**DETAILS OF CLAIM**

Total value of goods and or services (inclusive of V.A.T.)	<input style="width:95%;" type="text"/>
V.A.T. charged	<input style="width:95%;" type="text"/>
V.A.T. claimed	<input style="width:95%;" type="text"/>
Customs Declaration or Receipt Number (if V.A.T. was overpaid)	<input style="width:95%;" type="text"/>

**CERTIFICATE**

Tick as appropriate: 1 = Diplomats; 2 = Diplomatic or Consular Missions; 3 = Donor to Approved Charitable Organizations  
4 = Persons who have overpaid V.A.T.

- 1  I certify that the articles acquired and/ or services performed which form part of this application for refund were *exclusively for my personal use* and that no other application for refund of tax has been previously submitted
- 2  I certify 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
- 3  I certify that the taxable supplies which form part of this application for refund were provided to (insert name of Charitable Organization) \_\_\_\_\_ as an *unconditional gift not for resale* and that no other application for refund of tax has been previously submitted.
- 4  I certify that I am not a V.A.T. registered taxpayer, that the V.A.T. paid on the articles acquired and/or services performed was overpaid and that no other application for refund of tax has been previously submitted.

Name	Organization	Title
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR INLAND REVENUE USE ONLY**

Received <input style="width:95%;" type="text"/> <small>Day Month Year</small>	Approved by (please sign) <input style="width:95%;" type="text"/>	Position <input style="width:95%;" type="text"/>	Date Cheque Issued <input style="width:95%;" type="text"/> <small>Day Month Year</small>
Amount approved <input style="width:95%;" type="text"/>	Cheque Number <input style="width:95%;" type="text"/>	Document Number <input style="width:95%;" type="text"/>	Taxpayer Number <input style="width:95%;" type="text"/>
Notes _____ _____			

**NOTES REGARDING APPLICATION FOR REFUNDS DIPLOMATS**

1. A prescribed schedule of purchases accompanied by original receipts must be attached to each application.
2. The amount (of the refund) applied for must be the sum total of the tax shown on the receipt(s) from this suppliers