

GOVERNMENT OF SAINT LUCIA INLAND REVENUE DEPARTMENT

VALUE ADDED TAX NOTICE OF CLAIM FOR REFUND

(Please Print)

Name of Taxpayer		2. Tra	de Name		
3. Address (of business)		4 Ma	iling Address		
3. Address (of busiless)		4. Ma	4. Mailing Address		
			NY 1)	
5. Telephone Number		6. Fax	6. Fax Number		
7. Email Address		8. V.A	8. V.A.T. Taxpayer Identification Number		
9. Amount of Refund Claime	d	10. Ve	10. Vendor ID or NIC Number		
DECLADATION					
I hereby certify that the information given on this application form is true, correct					
and complete and that no application for refund in respect of this Tax Period, Customs Declaration, or Receipt has been					
previously submitted Signs	ature		Title Date		
				Day Month Year	
IT IS A SERIOUS OFFENCE TO MAKE A FALSE DECLARATION					
FOR INLAND REVENUE USE ONLY					
Application Received	Accepted Rejected	Selected for Audit	Document Number		
Day Month Year					
Reason for rejection					
Application approved by (p	lease sign)	Processed by (please sign)	Refund Cheque Issued	Cheque Number	
			Day Month Year		

NOTES

- 1. For registered taxpayers, claims under EC\$100 will not be refunded, but carried forward to the succeeding Tax Period as an Input Tax deduction.
- 2. This form should be submitted to the Comptroller of Inland Revenue together with a copy of the VAT Return for the tax period, a copy of the Customs Declaration or the receipt in respect of which a claim is being made.