Claim for Refund of Value-Added Tax (VAT) on Humanitarian Goods for Export under the Value-Added Tax (Refund of Tax) (No. 21) Order, 1987



1. Details of Claimant

	Please comple	te this section	in BLOC	< LET	TERS	8													
	Name:																		
	Address:																		
	Personal Publi	ersonal Public Service No./Tax Reference No.																	
E-mail Address: Telephone Number:																			
	International Bank Account Number (IBAN) (Max. 34 characters):																		
	Bank Identifier Account Holde		Max. 11 ch	aracte	rs):														
	Account Holde	i s ivaille.																	
2.	2. Details of Claim																		
Description of goods:																			
	Date of supply/importation of goods (DD/MM/YYYY):																		
	Date of export	Pate of export of goods (DD/MM/YYYY):																	
	Amount of refu	Amount of refund Claimed:						€	€										
3.	Declaration																		
Anyone who knowingly makes a false statement for the purpose of obtaining repayment of VAT Please sign the declaration below. I hereby declare that:								is lia	ble to	pena	alties.								
	Value-Ad by the Re	 I am not entitled to remission, repayment or deduction of the VAT under any other provision of the Value-Added Tax Consolidation Act 2010 or under any other Act or instrument made under statute administered by the Revenue Commissioners in respect of the supply or importation of the goods on which the refund of the VAT is claimed; 																	
(b) I am a non-profit making body of persons with aims of a philanthropic nature engaged in humanita								nitaria	ın,										
	charitable or teaching activities abroad; (c) I am not registered or required to register for VAT;																		
All the particulars given in this application are true and correct.																			
	Signature]						(DD	/MM/	YY)		
	Signature																		
	Status																		
		OFFICIAL USE ONLY																	
	1. Warrant No.:									Customer No.:									
	2. Examir	nation By:										On:		/		/			
	3. Checked By:										On:				/	\exists			
4. Amount Allowed:											J 11.		,		,				
4. AITIOUTI AIIOWEU.								VAT 73							(Janı	uarv	2014)		

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IMPORTANT- Please read these notes before you submit your claim

- 1. The goods have been exported within four months of their supply in, or importation into, Ireland.
- 2. Claims for repayment must be made within four years from the end of the taxable period to which the claim relates.
- 3. **Before** you submit this claim form please **ensure** that:
 - you have completed sections 1 to 3.
 - · you have signed the declaration.
 - you have attached all supporting documentation, i.e. *original* invoices for all goods in the claim or receipts for VAT paid on imported goods and the customs export document.
 - the invoices are legible, dated and show the VAT content, the supplier's name, address and VAT number and an adequate description of the goods involved.
 - <u>photocopies</u> of supporting documentation are attached if you wish the <u>originals to be returned to you</u>.

Claim Forms together with supporting documentation should be returned to:

Office of the Revenue Commissioners, Lo-Call: 1890 25 24 49 Collector-General's Division, Telephone: (061) 488 060 Unregistered VAT Repayment Section, Fax: (061) 488 095

Ground Floor, E-Mail: unregvat@revenue.ie

Sarsfield House, Francis Street, Limerick.

Further copies of this form, may be obtained from the above address or downloaded from Revenue's website: **www.revenue.ie**

