

You must apply for registration using this form if you would like to be authorised as an excise warehousekeeper.

You must apply at least 30 days before the date on which you wish your authorisation to begin.

You must ensure the form is completed accurately and includes all the information requested or registration may be refused.

For further information refer to Notice 196 *Excise Goods: Authorisation of warehousekeepers, approval of premises and registration of owners*. For a copy, go to [www.hmrc.gov.uk](http://www.hmrc.gov.uk) and enter Notice 196 in the search box.

Write clearly in black ink and use capital letters.

Send the completed form to:

HM Revenue & Customs  
WOWGR Registration Unit  
Portcullis House  
21 India Street  
Glasgow  
G2 4PZ

## Business details

If you are a group registration, the representative member must complete this form

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| <p>Is the business registered for VAT in the UK?</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If 'Yes', give your VAT Registration Number</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Business name</p> <ul style="list-style-type: none"> <li>• <i>Sole proprietors: enter your full name - first name(s) followed by surname.</i></li> <li>• <i>Partnerships: enter your trading name. Or, if you do not have one, enter the full names of all the partners. Partnerships must also complete form EX62B and enclose it with this form.</i></li> <li>• <i>If the business is a limited company for example, enter the company's full name.</i></li> </ul> <p><input style="width: 100%;" type="text"/><br/><input style="width: 100%;" type="text"/></p> <p>Trading name <i>if different from above</i></p> <p><input style="width: 100%;" type="text"/><br/><input style="width: 100%;" type="text"/></p> <p><i>If you are VAT registered, enter the address you have registered as your VAT principal place of business</i></p> <p>Address</p> <p><input style="width: 100%;" type="text"/><br/><input style="width: 100%;" type="text"/><br/><input style="width: 100%;" type="text"/><br/><input style="width: 100%;" type="text"/><br/><input style="width: 100%;" type="text"/></p> <p>Postcode</p> | <p>Phone number</p> <p><input style="width: 100%;" type="text"/></p> <p>Fax number</p> <p><input style="width: 100%;" type="text"/></p> <p>Email address</p> <p><input style="width: 100%;" type="text"/></p> <p>Legal status of your business <i>tick one box</i></p> <p>Limited Company <input type="checkbox"/> Sole Proprietor <input type="checkbox"/></p> <p>Partnership <input type="checkbox"/> Other <input type="checkbox"/></p> <p><b>If Other, give details</b></p> <p><input style="width: 100%;" type="text"/><br/><input style="width: 100%;" type="text"/></p> <p>If the business is a corporate body registered in the UK (for example, a limited company), enter the following details from the Certificate of Incorporation</p> <p>Company number</p> <p><input style="width: 100%;" type="text"/></p> <p>Date of incorporation <i>DD MM YYYY</i></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> |
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## Warehouse details

Give us details of **all** excise warehouses you own, that is, **all** warehouses for which your application as authorised excise warehousekeeper is being made. Continue on form EX61A if necessary.

|   |  |
|---|--|
| <p>Warehouse name</p> <input type="text"/>  | <p>Contact details</p> <p>Phone <input type="text"/></p> <p>Fax <input type="text"/></p> <p>Email <input type="text"/></p> |
| <p>Address</p> <input type="text"/><br><input type="text"/><br><input type="text"/><br><input type="text"/><br><p>Postcode <input type="text"/></p> | <p>Warehouse approval number</p> <input type="text"/>  |
|   | <p>Trading name <i>if different from that given on page 1</i></p> <input type="text"/><br><input type="text"/>             |

|   |  |
|---|--|
| <p>Warehouse name</p> <input type="text"/>  | <p>Contact details</p> <p>Phone <input type="text"/></p> <p>Fax <input type="text"/></p> <p>Email <input type="text"/></p> |
| <p>Address</p> <input type="text"/><br><input type="text"/><br><input type="text"/><br><input type="text"/><br><p>Postcode <input type="text"/></p> | <p>Warehouse approval number</p> <input type="text"/>  |
|   | <p>Trading name <i>if different from that given on page 1</i></p> <input type="text"/><br><input type="text"/>             |

You can avoid a financial penalty by registering with us at the correct time. You have the right to appeal if we impose such a penalty.

## Declaration

I declare that the information given on this form and in any accompanying document is true and complete

|  |   |
|--|---|
| <p>Full name of person making the application</p> <input type="text"/> | <p>Date DD MM YYYY</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| <p>Signature</p> <input type="text"/>                                  | <p>Capacity in which signed <i>for example, sole proprietor, director</i></p> <input type="text"/>  |

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|--|--|--|
| <p><b>For official use</b></p> <p>Date of receipt DD MM YYYY</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <p>Keyer's initials</p> <input type="text"/> | <p>Date keyed DD MM YYYY</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| <p>Approved <input type="checkbox"/> Refused <input type="checkbox"/></p>  |  | <p>EDR DD MM YYYY</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>        |