Form V.A.T.-005 – Jan 30, 2006

COMMONWEALTH OF DOMINICA
INLAND REVENUE DIVISION

VALUE ADDED TAX
APPLICATION FOR REFUND

(FOR USE BY AGENCIES PROVIDING TECHNICAL OR HUMANITARIAN ASSISTANCE TO DOMINICA)

Full name of applicant

Taxpayer Number (if any)

Telephone Number

Address

Fax Number

Email Address

Period of Claim

From To

DETAILS OF CLAIM

Total value of goods and/or services (inclusive of V.A.T.)

V.A.T. charged

V.A.T. claimed

CERTIFICATE

I certify that this application for refund exclusively represents goods purchased or services rendered for purposes that qualify for refund under the VAT Act, section 54 (1)(c) and that no application for refund of tax has been previously submitted

Name | Title | Organization

Signature | Date

Day Month Year

FOR INLAND REVENUE USE ONLY

Received | Approved by (please sign) | Position | Date Cheque Issued

Day Month Year | Day Month Year

Amount approved | Cheque number | Document Number | Taxpayer Number

Notes

NOTES REGARDING APPLICATION FOR REFUNDS

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 amount of the tax shown on the tax receipt from the supplier