



Read the VAT65A Notes before completing this form.

HM Revenue and Customs
Compliance Centres
VAT Overseas Repayment Unit
S1250
Benton Park View
NEWCASTLE UPON TYNE
NE98 1YX

Enter your Unique Reference Number (URN), only if this is **not** your first application

Is this form being completed by an agent on behalf of a trader? Enter 'X' if it is.

1 Your forename(s) and surname or name of business

 House name/number and street name

 Place, for the UK this will be your town and county

 Country

 Postal reference, for the UK this will be your postcode

2 Nature of applicant's business

3 For the country in which you are established, or have your domicile, or have your normal place of residence, give the following

 Tax/Business registration number

 Name of the official authority

Address of the official authority

4 Period covered by this application MM YY

 From to

5 Total amount of refund requested. See itemised schedules on page 3

 £

6 Enter details of the account where you would like to receive the payment of your requested refund

 Non-UK bank account UK bank account
 Postal account
 IBAN

 Currency of account

 Bank SWIFT code

 Bank identifier code

Account in the name of

Form with three horizontal lines for account name.

Name of bank

Form with three horizontal lines for bank name.

Address of bank

Form with three horizontal lines for bank address.

7 Number of items enclosed excluding itemised schedules

Documents

Form with three horizontal lines for number of documents.

Invoices

Form with three horizontal lines for number of invoices.

Import documents

Form with three horizontal lines for number of import documents.

Declaration

8 I hereby declare that:

- a) the goods or services specified on the itemised schedule(s) were used for the following business activities in the UK

Form with six horizontal lines for business activities.

- b) in the UK during the period covered by this application, I engaged in (put 'X' in the appropriate box)

no supply of goods or services

only the provision of services in respect of which tax is payable solely by the person to whom they are supplied

only the provision of certain supporting exempted transport services.

- c) the details given in this application are true.

I agree to pay back any monies wrongfully obtained

Signature

Form with one horizontal line for signature.

Date DD MM YYYY

Form with three boxes for date (DD, MM, YYYY).

Place application signed

Form with two horizontal lines for signature.

Contact phone number

Form with one horizontal line for contact phone number.

Fax number

Form with one horizontal line for fax number.

Email address

Form with three horizontal lines for email address.

You must complete the itemised schedule at question 9 on page 3. If you need more space, use as many copies of the VAT65/65A (CS) continuation sheet as you need. You must send us 2 copies of each schedule.

Unique Reference Number (URN), if you have one

Form with one horizontal line for Unique Reference Number (URN).

