



**GOVERNMENT OF SAINT LUCIA  
INLAND REVENUE DEPARTMENT**

**VALUE ADDED TAX  
APPLICATION FOR REFUND**

*(For Use By Diplomatic Or Consular Missions, International Or Regional Organizations Or Agencies, International Financial Sector And Non-Registered Persons Who Have Overpaid VAT)*

V.A.T. TAN or TIN <input style="width:100%; height: 20px;" type="text"/>	Name of Taxpayer <input style="width:100%; height: 20px;" type="text"/>
Telephone Number <input style="width:100%; height: 20px;" type="text"/>	Address <input style="width:100%; height: 20px;" type="text"/> <input style="width:100%; height: 20px;" type="text"/>
Fax Number <input style="width:100%; height: 20px;" type="text"/>	Email Address <input style="width:100%; height: 20px;" type="text"/>
Tax Period of Claim From <input style="width:150px;" type="text"/> To <input style="width:150px;" type="text"/>	
Is this the first time you are applying for a refund?    Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>TYPE OF ENTITY – PLEASE TICK APPROPRIATE BOX</b>			
Diplomatic or Consular Missions	<input type="checkbox"/>	International or Regional Organization or Agency	<input type="checkbox"/>
International Financial Sector	<input type="checkbox"/>	Non-registered persons who have overpaid VAT	<input type="checkbox"/>

<b><u>VAT PAID</u></b>	
Value Added Tax on Taxable Supplies received by you eg. Purchases/expenses (Please submit Tax Invoices/Receipts)	\$ _____
VAT Adjustments	\$ _____
VAT REFUNDABLE	\$ _____
I declare that the taxable supplies acquired, which form part of this application for refund were exclusively for use in connection with the work of the Mission/Organization/Agency/Sector and that no other application for refund of tax has been previously submitted for this Tax Period.	
<b>Mission/Organization/Agency/Sector/Non registered persons</b> <input style="width:100%;" type="text"/>	<b>Name</b> <input style="width:100%;" type="text"/>
<b>Title</b> <input style="width:100%;" type="text"/>	<b>Signature</b> <input style="width:100%;" type="text"/>
<b>Date</b> <input style="width:100px;" type="text"/>	

<b><u>FOR INLAND REVENUE USE ONLY</u></b>			
Date Received <input style="width:100%;" type="text"/> <small>Day Month Year</small>	Application approved by (please sign) <input style="width:100%;" type="text"/>	Processed by (please sign) <input style="width:100%;" type="text"/>	Refund Cheque Issued <input style="width:100%;" type="text"/> <small>Day Month Year</small>
Amount Approved <input style="width:100%;" type="text"/>	Cheque Number <input style="width:100%;" type="text"/>	Document Number <input style="width:100%;" type="text"/>	
Notes <input style="width:100%; height: 20px;" type="text"/> <input style="width:100%; height: 20px;" type="text"/> <input style="width:100%; height: 20px;" type="text"/>			

