**VAT Certificate**

**Premises qualifying for reduced rate of VAT**

**Please complete this form in as much detail as possible**

**Company details**

**Account number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Company name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address of qualifying premises:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**VAT registration number (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Charity registration number (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supply Details**

**Fuel type: Gas Electricity**

**Meter number (Gas MPRN or Electricity MPAN, these details can be found on your bill. If there are several meters, please submit the additional information form):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Percentage of total consumption qualifying for the reduced rate of VAT:\_\_\_\_\_\_\_\_\_\_\_% (to the nearest whole number)**

**Qualifying usage type (please select one of the following)**

**Domestic use (for my own personal domestic use)**

**Domestic use (for domestic use by a third party, i.e Landlord’s domestic supplies, internal communal areas)**

**Combined business and domestic use**

**Residential home or hospice**

**Charity business and non-business use**

**Date from which the reduced rate of VAT should apply:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Customer declaration**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Full name of signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position in company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please read the following carefully, and confirm by placing a ticket in the boxes**

**I certify that the information given is correct and complete**

**I will inform Dyce Energy of any change in qualifying use**

**I understand that any incorrect statement may make me liable for a financial penalty under the Value Added Tax Act**

**Once completed, please submit a scanned copy to: enquire@dyce-energy.co.uk**

**For more information about VAT applicable to energy supplies, contact HMRC VAT general enquiries on 0300 200 3700 or visit hmrc.gov.uk where VAT notice 701/19: fuel and power can be found.**

**Additional Information Form**

You’ll only need to complete this form if you have **multiple meter numbers**

 In respect of premises qualifying for reduced rate of VAT, please complete and return this with your signed VAT Certificate

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dyce Energy Account Number** | **Meter Number (Gas MPRN or Electricity MPAN)** | **Site Address** | **Use of premises****(E.g. Care Home)** | **Percentage of total consumption qualifying for the reduced rate of VAT** | **Date from which the reduced rate should apply from** |
|  |  |  |  | **%** | **/ /** |
|  |  |  |  | **%** | **/ /** |
|  |  |  |  | **%** | **/ /** |
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