

# VAT Declaration Certificate

To be completed for sites claiming the lower VAT rate of 5%. Please contact your local VAT office if in doubt of your status.

**Please complete this form and return to:**



cs@ugp.co.uk



United Gas & Power, 16 Otley Road, Guiseley, Leeds, LS20 8AH

## 1. Business Details

**Company name:**

**Account/reference number:**

**Contact name:**

**Telephone number:**

**E-mail address:**

**Address of qualifying premises:**

**Address of business (if different from site):**

**Telephone number:**

**Telephone number:**

**Nature of business:**

**VAT registration number (if registered):**

**Registered charity number (if applicable):**

**Effective date:**

### Meter details:

Please provide the MPAN(s) or MPRN(s) relevant to this declaration. If you need additional space, please attach a separate sheet signed and dated by the same person completing this form. Please note that one form per fuel, per property is required.

## 2. Details of Your Claim

**Percentage of total consumption qualifying for the reduced rate of VAT and exclusion from CCL:**

% (to the nearest whole number)

**Classification of claim (please tick):**

Domestic use:  Charitable non-business use:

**Reason for claim (Please tick):**

Domestic use; solely for my own personal domestic use

Domestic use; solely for domestic use by a third party e.g. land-lord's supplies, single/multiple occupancy etc.

Residential home; long-term residential care, hospice care

Combined business/domestic use (please give details below)

Charitable non-business use (please give details below)

**Please use the box below to outline further details of the basis of your claim. You can refer to our VAT & CCL guidance document for further information.**

**I certify that the information given on this form is correct and complete and will remain valid until I inform United Gas & Power that there had been a significant change in circumstances. I understand that any incorrect statement may make me liable to a financial penalty under the VAT Act 1994.**

**Signature** (please print and sign this form):

**Date:**

**Full name:**

**Position:**

**Telephone:**