

Application for VAT Group Treatment Isle of Man Traders – Applicant Details

Before you fill in this form please read VAT Notice 700/2, VAT group treatment.

Use a separate form for each applicant.

Your application on forms VAT 51 MAN must be accompanied by a single, global application on form VAT 50 MAN. The forms VAT 51 MAN must be signed by the person who signs the VAT 50 MAN form.

This form is designed to be filled in electronically. You must answer all the questions marked by a red outline, as these are required. The completed form should be submitted via email registration.customs@gov.im. If you have any queries regarding this form, please contact the Advice Centre on 648130.

1	The applicant named on this form is to be:						
a)	included in a VAT group (please complete items 2 to 9) or						
b)	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	removed from a VAT group (please complete items 2 and 9)					
	VAT registration number				Subsidiary ref num	ber	
2	Full name of applicant						
3	Company incorporation no (if applicable)	umber					
	Date of incorporation (if applicable)			Coun	try of incorporation		
4	Trading name Enter the main trading nais different from the name						
5	Address of principal place of business Give the address of the place where the day to day affairs of the business are dealt with						
			Postcode				
6	Describe the nature of yo business	ur					
7	Current VAT registration number (if applicable)						

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Pleas	e give total expected annual value of:							
ta	exable turnover (including zero rate activities)							
n	on-taxable turnover (i.e. exempt and non-business)							
`t	axable' supplies to fellow group members							
1′	non-taxable' supplies to fellow group members							
	Declaration: You must comple	ete this declaration						
Electronic Signature Acknowledgment - By clicking the signature box below, you are signing the document electronically. You agree that your electronic signature has the same legal validity and effect as your handwritten signature on the document, and that it has the same meaning as your handwritten signature.								
I declare that all the information given in this application and on any accompanying documents is correct and complete.								
I understand that all members of the group will be jointly and severally liable for the Value Added Tax due from the representative member.								
Full Name (in CAPIT	e AL LETTERS)							
Status		Date						
	(e.g. proprietor, partner, director, trustee etc)							
Signature								
	Privacy Noti	<u>ce</u>						
The Treasury collects information about you in order to administer taxation and carry out other functions for which it is responsible (e.g. National Insurance, customs and excise duties, property rates, social security benefits, state pensions and legal aid etc.), and for the detection and prevention of crime. Whilst that information will primarily be provided by you, where the law allows we may also get information about you from other organisations, or give information about you to them. This may be to check the accuracy of the information provided, prevent or detect crime or protect public funds in other ways. These organisations may include other government departments, the police and other agencies. To find out more about how we collect and use personal information, contact any of our offices or visit our								
	website at: https://www.gov.im/about-the-government/departments/the-treasury/privacy-notice/							

Turnover details

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