

Value Added Tax Application for Registration

FOR OFFICIAL USE		
Date of		
receipt		
TIN. No		

Notes for the completion of this form

Please read the guidance notes to assist with the completion of this form.

This form is designed to be filled in electronically. Questions marked by a red outline are mandatory.

The completed form and all supporting documents to your application should be submitted via email to registration.customs@gov.im.

1	Name of applicant:				
2	Type of entity				
	Sole Proprietor	Limited Com	pany ¹	Partnership/Limited Partners	hip ²
	Other	Please specify e.g. cl	ub, association etc.		
	Company Number	er:			
3	Business Address Please provide the add principal place of busin				
	If you wish to have correspondence sent to another address, please enter here.		Post Code:		
			Post Code:		
4 Cor	Contact details		Name:		
	Please complete this section with contact details of a person who will have sufficient knowledge of your VAT returns.	Phone:			
			Email:		
5	Establishment Is the applicant establishment	shed in the Isle of Man?		Yes	No
	If yes, by what reason	is the business establish	ed on the Isle of Ma	n (tick as appropriate):	
	Fixed place of busing	ness on the Island	Management	and control is on the Island	

¹ Please supply copy of incorporation certificate and register of directors.

Please also complete VAT 2 MAN.

	activ	ide a full description of your business ities. Do not use General terms such Consultant" or "Retailer".				
			Website:			
		must enclose suitable evidence to ces, purchase invoices for stock/equipn		tivities (e.g.	copy contracts, agre	eements, sales
		our business relates to the following active plete the appropriate form indicated:	vities, please als	Y	and and property: 'achts: Aircraft:	REG 3 MAN REG 4 MAN REG 7 MAN
7	Othe	r business				
	direc runn	e you, or any of the partners or tors in this business been involved in ing any other IOM/UK business in the 2 years?			Yes	No
		s, please provide the names (and numbers where appropriate)				
		n for VAT Registration answer only one of quest	tions 8 to 1	12, <i>then</i>	go to quest	ion 13
8	Volur	ntary registration:				
		ou applying for voluntary registration b tration threshold?	ecause your turr	nover is belo	w the	Yes
	Pleas	e choose either a), b) or c). If b) al	so complete R	EG5MAN tu	ırnover sheet.	
	a)	I am not making taxable supplies but I	I intend to in the	e future.		
	b)	I am making taxable supplies below th	e registration th	reshold.		
	c)	I am established in the Isle of Man and outside the IOM/UK	d make or intend	d to make su	pplies only	
	Wha	nt date do you wish to register from	?	DD	MM	YYYY

Business activities

9	Compulsory registration:					
	Pleas	Please choose either a), b) or c). Also complete REG5MAN turnover sheet				
	a)	a) My taxable supplies have exceeded the registration threshold in any 12 month period or less				
		When did this occur?	DD	MM	YYYY	
	b)	I expect, or had grounds in the past to expect my taxable turnover would exceed the registration threshold in the following 30 day period alone				
		When did this occur?	DD	ММ	YYYY	
		If you have chosen a) or b) above, please indicate if you wish to register earlier than the date on which you are required to be registered.				
		I would like to register from:	DD	MM	YYYY	
	c)	c) I am a non-established taxable person in the IOM/UK, making or intending to make taxable supplies in the IOM				
		When did this occur?	DD	MM	YYYY	
10	10 Request for exception or exemption from VAT registration:					
	Pleas	e choose either a) or b)				
	a)	Exception from VAT registration: my taxable turnover has exceeded the VAT registration threshold, but I expect this will only be temporary and my turnover will fall below the VAT deregistration threshold within the following 12 months.				
		When did this occur?	DD	MM	YYYY	
	b)	b) Exemption from VAT registration: I wish to be exempted from registration because my taxable supplies are wholly or mainly zero rated.				
		The expected value of my zero rated supplies in the notated months is:	ext			
11 VAT Group:						
	I am registering as the representative member of a VAT group					
	If "Yes" you must complete forms VAT 50 MAN and VAT 51 MAN.					
	What	date do you want the VAT Group to start?	DD	MM	YYYY	

12 Business Transfers:						
Are you registering for VAT because you've either:						
a) Taken over (or abo	a) Taken over (or about to take over) a business as a going concern.					
b) Changed (or about	b) Changed (or about to change) the legal status of a VAT registered business.					
Date of transfer or change	e	DD	MM	YYYY		
I wish to register from (if	earlier)	DD	MM	YYYY		
Name of previous owner	Name of previous owner					
VAT Number						
13 Value of Supplies: What value of supplies do you expect to make in the next 12 months? Taxable (excluding zero rated) Zero rated Other (e.g. those made outside the IOM/UK						
Do you expect to make Exe	empt supplies		Yes	No		
14 VAT return periods						
Please tick one of the options below, this is the frequency of when a VAT return will need to be submitted.						
Monthly VAT returns						
Quarterly returns ending	March, June, September, December	April, July, October, January	1	May, August, November, February		
Annual VAT returns						
If you selected Annual VAT accounting scheme.	returns please also sub	mit form VAT 600 AA MA	N application	to join annual		

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If you want to appoint an agent for VAT purposes please submit an AG2MAN form.

	,			
		Post Code:		
Bank S	ort Code:			
Bank A	ccount Number:			
Name i	in which account is held:			
	ank account must be in the name of t K clearing bank.	he VAT registration applicant (e.g. person or company) and		
	Γ	Declaration		
If you are signing as an authorised signatory, you must enclose your written authority from the VAT registration applicant.				
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 the information given on this form and contained in any accompanying documents is true and complete				
Status	(e.g. proprietor, partner, director, tr	rustee etc) Other (please specify)		
Full name				
Signature				
Date				
Please ensure the completed form and all supporting documents to your application are sent to Registration.customs@gov.im				

15 Bank details:

Name and address of your bank:

Privacy Notice

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/

VAT 1 MAN 5 **January 2024**