



VAT REGISTRATION CHECK LIST

From what date do you want the business to be registered?

Name of Director

Date of birth

NI Number

Address of Director

Principal Place of Business address

Description of business activities

The total value of turnover in the next 12 months

The value of turnover that is zero rated

Do you expect that the VAT on purchases will regularly exceed the VAT on supplies?

Do you expect to buy goods/services from other EU member states?

yes no

Total estimated value

Do you expect to sell goods/services to other EU member states?

yes no

Total estimated value

Is your business involved in imports/exports from/to countries outside of the EU? yes no

Bank details:

Account number

Sort code:

Account holder name:

If you have any queries please call us on +441772367053
or Skype: i.m.bookkeeping

SEND

