



# VAT Declaration Certificate



To be completed for sites claiming the lower VAT rate of 5%. Contact your local VAT office if in doubt of your status. One form per fuel, per property. **Please complete and return to:**

 [enquiries@sefe-energy.com](mailto:enquiries@sefe-energy.com)

 0845 230 0022

 SEFE Energy, 5th Floor, 8 First Street, Manchester M15 4RP

## 1. Business details

Company name

Account/Reference Number

Contact name

Telephone number

Email address

Address of qualifying premises

Telephone number

Address of business (if different from site)

Telephone number

Nature of business

VAT registration number (if registered)

Registered charity number (if applicable)

## Meter details

Please provide the MPAN(s) or MPRN(s) relevant to this declaration. If you need additional space, please attach a separate spreadsheet 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 eg landlord's supplies, single/multiple occupancy, etc.

Residential home: Long term residential care, hospice care.

Combined business and domestic use: Please outline details below.

Charitable non-business use: Please provide 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 above information given is correct and complete and will remain valid until I inform SEFE Energy 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

(you must print and sign this form)

Date

Full name

Position

Telephone number