

## Value Added Tax (VAT) Application for registration

### You can apply online

Go to www.hmrc.gov.uk and follow the links for 'do it online'.

#### How to fill in this form

- · Please write clearly in black ink and use capital letters.
- If you need more space for any answers, continue on a separate sheet.

 If you need help, look at the Notes or phone our National Advice Service on 0845 010 9000.

40 1101 4014011

You may have to send us other forms and supporting information as well as this form; you will be told what is needed as you work through the form.

You can download any forms you need from www.hmrc.gov.uk or phone the National Advice Service.

### About the business

	THE SHOW SHOW		
1	Status of the business  Sole proprietors: please enter your full name – first name(s) followed by surname		If the business is an unincorporated body, enter the type (for example, club, association, trust, charity, etc.)
	Partnerships: please enter your trading name. Or, if you do not have one, enter the full names of all the partners.  Partnerships must also complete form VAT2 and enclose it with this form.		Are you registering as the Representative Member or nominated corporate body of a VAT group?  Read the glossary in the Notes for a definition of IVAT group'.  Yes No If Yes, complete and enclose forms VAT50 and VAT51.
		E	Business contact details Business address, that is, the principal place where most of the day to day running of the business is carried out.
*	If you need more space, use a separate sheet of paper.  Partnerships now go to Question 5.  Corporate or unincorporated bodies: please enter the name of the company, club, association, trust, charity, etc.		13 COPSON STREET NITHINGTON MCR
	MARFANI & COLIMITED		Postcode M 203HE Contact telephone number
2	If the business has a trading name, enter it here		0 1 6 14 4 6 1 4 4 8  Business fax number
		[	O 1 6 1 4 4 5 9 4 7 4  Business mobile telephone number
3	If the business is a corporate body registered in the UK, enter the following details from the Certificate of Incorporation Certificate number		O7711018855
	00771488		tariqe marfani com
	Date of incorporation	E	Business website address
	20001963		WWW.
	Country of incorporation		
	UK		

### About the business continued

6 Business activities Read the note for Question 6. If the business activities are land or property-related, you may need to complete and enclose form VAT1614. Main activities OWNERS OF COMMORIGIAL & PRCPORTY Other activities If you need more space, use a separate sheet of paper. 7 Are you (or any of the partners or directors in this business) currently involved, or in the last two years have been involved, in any other business in the UK or Isle of Man (VAT registered or not) either as a sole proprietor, partner or director? Read the note for Question 7. If Yes, complete the boxes below. Business 1: name TARAMEEN LIMITED Business 1: VAT number (if applicable) Tick if still trading Business 2: name MARFANI PROPERTIES LTD Business 2: VAT number (if applicable) 588 Tick if still trading If you need to show details of more than two businesses, use a separate sheet of paper.

### About the business continued

B UK bank or building society account

Read the note for Question 8.

Name of bank or building society

HABIB BANK AG ZURICH:

HABIB HOUSE 9 STOKONSON SOL, MCR.

Account name

MI 108.

MALFANI & C° LTD

Sort code

GO-91-95

Account number

SEE COPY DOCUMENT.

### About your VAT registration

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	Taking over a going concern
9	Are you registering for VAT because you have
	<ul> <li>taken over (or are about to take over) a business (or part of a business) as a going concern, OR</li> </ul>
	<ul> <li>changed (or are about to change) the legal status of a VAT registered business?</li> </ul>
	Important: read the note for Question 9 before you answer.
	Yes No
	If Yes, enter the date the transfer or change took place or is intended to take place.
	D D M M Y Y Y
	This will be your effective date of registration.
	If No, go to Question 13 - ignore Questions 10 to 12.
10	What is the previous owner's name?
11	Enter the previous owner's VAT number (if applicable)
12	Do you want to keep the previous owner's VAT number?
	Important: read the note for Question 12 before
	you answer.
	Yes No

If Yes, you and the previous owner will need to complete

Now go to Question 18 - ignore Questions 13 to 17.

form VAT68 and enclose it with this form.

MJ SYSTEMS - 547617 323

ESTEAM EUROPE - 971 049710

MARFANI + CO LID - 148-595328.

# About your VAT registration continued

	Voluntary registration	Exemption from registration
13	Are you applying for voluntary registration because your turnover is below the registration threshold?  Important: read the note for Question 13 before you answer.  Yes No  If No, go to Question 14.  If Yes, tick one of the boxes below.  My turnover is below the current registration threshold but I want to register now.  I intend to make taxable supplies in the future.  I am established, or have a fixed establishment,	Do you want to apply for exemption from registration?  Read the note for Question16.  You can apply for exemption from registration if most of your supplies are zero-rated.  Yes No  If Yes, estimate the value of your zero-rated supplies over the next 12 months.  £ 0 0  If you answered Yes to one or both of Questions 14 and 15, and are not requesting exemption from registration, go to Question 17.
	in the UK and make, or intend to make, supplies only outside the UK.  What date do you wish to be registered from?  D D M M Y Y Y Y  Go to Question 18 – ignore Questions 14 to 17.	Earlier registration  17 Application for earlier registration Enter the month and year you want to be registered from.  ASAP.
14	Compulsory registration Important: read the notes for Questions 14 to 15 before you answer.  Are you registering because your taxable turnover has gone over the registration threshold in any past period of 12 months or less?  Yes No V  If Yes, enter the month and year when this occurred.  M M Y Y Y Y  Are you registering because you had an expectation on any date that your taxable turnover would go over the registration threshold in the next 30 DAYS ALONE?  Yes No V  If Yes, enter the date you first expected this to happen.  D D M M Y Y Y Y	Go to Question 18.  VAT repayment  18 Do you expect the VAT on your purchases to regularly exceed the VAT on your taxable supplies?  Read the note for Question 18.  Yes No  If Yes, say why.
		If you need more space, use a separate sheet of paper.

# About your VAT registration continued

Your turnover
19 Enter your estimate of your taxable supplies in the next 12 months
£
Do you expect to make any exempt supplies? Look at the list of VAT terms in the Notes if you need more information about exempt supplies.
Yes No
21 Do you expect to buy goods from other EU
member states in the next 12 months?
Read the note for Question 21.
Yes No
If Yes, enter the total estimated value.
£ 00
Do you expect to sell goods to other EU
member states in the next 12 months?
Yes No V
If Yes, enter the total estimated value.
£ 0 0

# Applicant details and declaration



This section must be completed by

- · the sole owner of the business, or
- · a partner, or
- a director or the company secretary or an authorised signatory of a corporate body, or
- an officer or official applying on behalf of an unincorprated body, for example, secretary, trustee, or
- · an authorised agent.

If this form is being signed by an authorised signatory, or an authorised agent, the details of the person authorising you must be shown at Question 22.

 cant details came(s) followed by surn	ame

# Applicant details and declaration continued

Applicant details continued
Home address
5 HOLT GARDON
BLAKELEY LANE
MOBRERICY
Trobacci
Postcode WAI6 7LH
If you have lived at this address for fewer than
three years, enter details of your previous address.
Previous home address (if applicable)
Postcode
Ulama Aslankana munkan
Home telephone number
07711018855
Date of birth
Q Q N 20 1 9 5 3
National Insurance number
NB 62 45 96 B
If you are a non-UK national and do not have a National
Insurance number, enter your tax identification number
in your country of origin and the name of that country.
I declare that the information given in this form and
accompanying documents is true and complete
Please use the Checklist on page 6 of the Notes to make sure you send everything we have asked for.
Signature
Signature
* (1)
Date
13 ND 2010.
Capacity in which you signed this application (for example, proprietor, trustee, company secretary)
TRUSTEE