Claim form for value added tax reimbursement (VAT)

FOR TAXABLE PERSONS ESTABLISHED OUTSIDE THE EUROPEAN UNION
((Please check the explanatory note before completing the form)

Administration de l'enregistrement, des domaines et de la TVA **Bureau d'imposition 11** **B.P. 31** **L-2010 Luxembourg**	Is this your first claim ? If not, provide the reference number
Date of receipt: Field reserved to the administration	Field reserved to the administration

1	Name and first name or applicant's company Street and building number ZIP code, city, country E-mail
2	Activity or branch of trade of the applicant
3	Tax and revenue office and applicant's VAT identification number of the country in which the applicant has its registered office, residence or it common domicile

4	Reimbursement period	from month	**01**	to month	**12**	Year

5	Total amount (numerical) of the requested reimbursement (itemised listing, see point 10)	€

6	The applicant requests the reimbursement of the declared amount at point 5 corresponding to the provided information at point 7.

7	IBAN or account no. SWIFT code is mandatory for account no. outside SEPA.	BIC or SWIFT code Bank identification number
	Name of the account owner	
	Name and address of the financial institution	

8	Number of attachments	Invoices	Import documents

9	The applicant declares: a) that the listed goods and services on the reversed side of this claim has been used for the applicant's needs at the occasion of: b) that during the reimbursement period in the country of refund the applicant: ☐ (*) did not supply any goods or provide any services ☐ (*) only provided services for which the receiver is liable for the tax ☐ (*) only provided certain tax exempted transportation services and accessory activities linked to these services; c) that all information is provided in all conscience. The applicant pledges to repay any sum unduly received.

City	Date	Signature

10	Itemised listing of the VAT amounts of the reimbursement period					
Sequence no.	Type of good or service	Name, VAT identification number and address of the supplier or service provider	Date and number of the invoice or import document	VAT amount		Reserved to the administration
			Total amount			

Field reserved to the administration