



CAMBRIDGE
PAYROLL

Chaston House, 1 Mill Court, Great Shelford, Cambridge CB22 5LD
Tel: 01223 846645 Mobile: 07843 283678 Email: info@cambridgepayroll.com
www.cambridgepayroll.com

VAT Information Form

Company Name	
VAT Registration Number	
Cash or Standard VAT	
VAT Periods	

If you have not already registered for VAT and would like us to do this for you then please complete the following:

Director Details:

Name	
Date of Birth	
National Insurance Number	
Home Address for last 3 years	
Email	
Daytime Telephone Number	
Mobile	

Business Details:

Is the business incorporated in the UK	
Is the organisation registered under Royal Charter or Act of Parliament	
Company Registration Number	
Date of Incorporation	
Business Trading Name	
Principal Place of Business Address	
Business Telephone Number	
Business Mobile	
Business Email	
Business Website	

Reason for Registering

	In the past, in any period of 12 months or less, has the taxable turnover of the business gone over the VAT threshold?
	In the next 30 days alone do you expect the taxable turnover to go over the VAT registration threshold?
	At any time in the past did you expect the taxable turnover to go over the VAT registration threshold in the following 30 day period?

Date of Registration

From what date do you want the business to be registered	
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Business Activities

Business Activity Description	
SIC Code	
Sub Code	
Main Activity	
Description of Business activities:	

Other Business Involvement

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Value of Supplies

The total value of taxable turnover of the business in the next 12 months	
The value of taxable turnover that is zero rated in the next 12 months	
Does the business buy from or sell goods/services to other EU member states	
Is your business involved in imports/exports or the transit of goods from/to countries outside the EU	

Bank Details

Accounts holder(s) Name	
Account Number	
Sort Code	

VAT Return Frequency

Quarters returns to be submitted	
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Government Gateway:	
Login	
Password	

If you don't already have a Government Gateway and would like us to set this up then please complete the following for one Director

Name	
National Insurance Number	
Date of Birth	
Home Address (for last 3 years)	



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Email	
Telephone Number	

Are we filing as an Agent	
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If you would like to authorise us to file as your Agent, please complete the following:

Principal place of business postcode	
Date of Registration for VAT	
Final month of the last Vat return submitted	
Box 5 figure on last VAT return submitted	