



## Business Power & Gas Ltd VAT Declaration Certificate

To be completed for sites claiming reduced rate VAT. One form to be completed per property. Please complete and return to: Business Power & Gas Ltd, Jubilee House, East Beach, Lytham St Annes, FY8 5FT or [customer.services@bpenergy.com](mailto:customer.services@bpenergy.com)

### Business Details

Company Name:

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Account/Reference Number:

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Contact Name:

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Telephone Number:

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Email Address:

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Address of Qualifying Premises:


Address of Business (if different from site):


Telephone Number:

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Telephone Number:

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Nature of Business:

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VAT registration (if registered):

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Registered charity number (if applicable):

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### Meter Details

Please provide the MPAN(s) relevant to this declaration. If you need further space, please attach a separate spreadsheet signed and dated by the person who is completing this form. Please note that one form per property is required.



**Details of your Claim**

Percentage of total consumption qualifying for the reduced rate of VAT:

% (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 e.g. landlords 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.

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Please use the box below to outline further details of the basis of your claim.

I certify that the above information given is correct and complete and will remain valid until I inform Business Power & Gas Ltd 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:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
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