



GOVERNMENT OF THE REPUBLIC OF TRINIDAD AND TOBAGO

VAT 14

MINISTRY OF FINANCE
INLAND REVENUE DIVISION
REGISTRATION UNIT

Application for Cancellation of VAT Registration Questionnaire

Note: This application MUST be accompanied by a letter requesting VAT de-registration and the reason for applying.

1. Name: _____

Trade Name: _____

Current Address: _____

VAT Reg. No.: _____

Contact: _____ (Telephone) _____ (Mobile)

2. Specify nature of business: _____

3. Have you ceased trading? YES NO

- If yes, state the date you ceased trading _____
DD/MM/YYYY

- Have you applied to have the business ceased at Ministry of Legal Affairs? YES NO

- Do you intend to recommence taxable activity or engage in any other business activity within the next 12 months? YES NO

4. If you have not ceased trading, do you expect your commercial supplies to exceed \$500,000.00 in the next 12 months? YES NO

5. Have you disposed of your assets, including Stock in Trade? YES NO

- If yes, how were they disposed of?

SALE

DONATION

TRANSFER

OTHER _____

(Please state)

- State the value of the assets and Stock in Trade \$ _____

6. Have you filed all your VAT Returns? YES NO

NB: All VAT returns MUST be filed before this application can be processed.

(You are legally required to continue filing your VAT returns, until formal notification of the cancellation of your VAT registration).

NAME: _____

SIGNATURE: _____

BLOCK LETTERS

POSITION: _____

DATE: _____