



Receipt stamp

Name and title of signatory

Competent authority to which the application is addressed

SERVICE DE REMBOURSEMENT DE LA TVA 10, rue du Centre TSA 60015 93465 NOISY-LE-GRAND CEDEX

(place)

## APPLICATION FOR REFUND OF VALUE ADDED TAX

by a taxable person established in a country outside the European union

(13th Directive 86/560/EEC,

Art. 271-V-*d* of the French General Tax Code) For further information yes (\*) Is this your first application? please contact 01 72 95 20 31 (9h-16h) no (\*) If not, please give identification (email: sr-tva.dinr@dgfip.finances.gouv.fr) number assigned by the SR-TVA Please read the explanatory notes n° 3560-B before filling in this form Surname and first name or business name of the applicant (give the contact details of the foreign company) Street and house number Postal code, place and country Telephone: Fax: Email 2 Nature of applicant's business 3 VAT registration number of the fiscal representative : FR month year month year Period to which the application refers 4 from to 5 Total amount (see itemized list in 10) of refund requested, in figures 6 The applicant requests the refund of the amount shown in 5 in the manner described in 7. 7 Method of settlement Credit transfer in euro to the following bank account: (Give full name of the financial body or enclose details of your bank and account number. For France, enclose a Relevé d'Identité Bancaire or Relevé d'Identité Caisse d'Epargne) International Bank Account Number (IBAN) Account in the name of SWIFT-BIC code (Bank Identifer Code) Name and address of the financial body For USA: ABA Code or Routing No. 8 Number of documents enclosed: Invoices: Import documents: 9 The applicant hereby declares: that the goods or services specified overleaf were used for his/her/their activities as a taxable person during: that in the country in which the refund is being requested, and during the period covered by this application, he/she/they engaged in: (\*) no supply of goods or services in respect of which VAT is payable and for which he /she/they is/are liable; (\*) only in the supply of items referred to in Points 1, 2, 5, 6 and 7 of Section I of Article 277 A of the French General Tax Code. that the particulars given in this application are true. The fiscal representative undertakes to pay back any monies wrongfully obtained. (\*) You must put a check mark in the appropriate box(es). (signature) In on



(date)

10	Statement itemizing VAT amounts relating to the period covered by this application.				
No	Nature of the goods or services	Name, VAT registration number, if known, and address of supplier of goods or services	Date and number of invoice or import document	Amount of tax refund applied for (in euros)	For official use only
TOTAL					
Note: all amounts must be in euro					