

# VAT Declaration – Gas



## Declaration made to npower Business Solutions in respect of premises qualifying for VAT at the reduced rate.

For more information and guidance on whether your organisation qualifies for relief, please visit HMRC's website: [gov.uk/hmrc](http://gov.uk/hmrc)

This form contains 2 pages

## Business Solutions

Please read the points below, and provide as much detail as possible when completing this form. If information is not provided, it may delay the processing of your request.

- For multiple Meter Point Reference Numbers (MPRNs) under the same premises, please list additional MPRNs in the table below. You can find the MPRN on your invoice.  
Please complete a separate form for each type of fuel, and for each premises. Alternatively you can provide one form per fuel and an accompanying spreadsheet with all of the premises level details.  
A spreadsheet template can be requested by emailing [yourbusiness@npower.com](mailto:yourbusiness@npower.com)
- If a spreadsheet is used, it must contain all of the details and information requested on this form. Once completed, both the spreadsheet and form must be sent to npower at the same time.
- The effective date of the claim cannot be earlier than the registered start date with npower for this premises. If an earlier date is shown, the relief will only be applied from the start date with npower.
- Any visible corrections to this form must be initialled by the signatory before sending.
- Once you have printed and completed the form, please return it to the email/postal address at the bottom of page 2, or to your dedicated service representative.

All fields marked as \* are mandatory

### Company or business details

Customer or business name\*:

Address of qualifying premises\*:

Post code:

VAT registration number  
(if registered):

Registered charity number  
(if registered):

Account Number:

MPRN  
(Meter Point Reference Number)\*:

### Additional MPRNs for this premises (if applicable)

MPRN (2)

MPRN (3)

MPRN (4)

MPRN (5)

MPRN (6)

MPRN (7)

MPRN (8)

MPRN (9)

MPRN (10)

If there are more than 10 MPRNs, a supporting spreadsheet will need to be completed. This can be requested by emailing [yourbusiness@npower.com](mailto:yourbusiness@npower.com).

## Details of your claim

What percentage of the total consumption qualifies for the reduced rate of VAT?  
To the nearest whole number not exceeding 100%:

Date from which the % should be applied (DD/MM/YYYY)  
A valid declaration can only be backdated for a maximum of 4 years from the date that it is processed\*:

Basis of your claim. Please tick appropriate box\*:

**Domestic use:**  
Solely for my own personal domestic use

**Domestic use:**  
Other qualifying use.  
\*Please provide further details below.

**Residential home:**  
For long-term residential care, hospice care.

**Combined business and domestic use:**  
\*Please provide further details below.

**Charitable non business use:**  
\*Please provide further details below.

**Qualifying educational establishment:**  
\*Please provide further details below.

To help us process your claim, please provide further details about your business, charity or school etc. in the box below and explain in detail why you believe your premises qualifies for the reduced rate of VAT. Please note that if there is insufficient information to process your form, there may be a delay in applying the relief to your account, and we may have to return this form to you for clarification.

## Customer declaration

**By signing this form I certify that the information I have provided is correct and complete. I undertake to inform npower if there is any change in the circumstances which affect the information provided. I understand that any incorrect statement may give rise to the imposition of a financial penalty under the VAT Act 1994.**

**I acknowledge that I may be contacted by npower to provide clarification if required and that the relief will only be applied when the processing of this form has been completed.**

Signature:

Signatory Name:

Date:

Position in organisation:

Organisation:

Email address:

Telephone number:

### Send via post:

Customer Contact Team, npower Business Solutions,  
2 Princes Way, Solihull, West Midlands, B91 3ES

**Email manually:** once you have completed and signed the form, please send a scan, along with any additional information/attachments, to **[yourbusiness@npower.com](mailto:yourbusiness@npower.com)** or your dedicated service representative.



**Business Solutions**

powered by



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