REGISTRATION FORM

HAS YOUR COMPANY USED FEXCO'S SERVICE BEFORE YES ☐ NO ☐ SOURCE

COMPANY DETAILS

Company Name: Address:

City:

State: Zip: Country:

Name of Co-ordinator who deals with travel expenses in your company: Mr/Ms: Telephone No.

E-Mail: Fax No.: Web Site:

Type of Company: [ ] Corporation [ ] Limited [ ] Partnership [ ] Self-Employed [ ] Subsidiary [ ] Exempt [ ] Other

Tax/ID Number/Company Reg Number/VAT Reg Number

Your company's core business activity:

If you wish to receive additional information on our Travel Expenses Claims Auditing Service, please tick here ☐

PAYMENT DETAILS (your preferred option will be met where possible)

VAT refund payments will be made to your company by cheque - please state preferred cheque currency e.g. GBP, USD, etc.

If your VAT refund payment has to be made to your company by electronic transfer, please complete your company's bank details below:

Name of your company's bank: Bank address:

Bank Account Currency: Sort code: Account Number: IBAN number:

BIC/SWIFT code number: Account holder name (i.e. your COMPANY's name):

BUSINESS TRAVELLER DETAILS

List ALL Company employees who travelled and are named on invoices. Continue list on separate sheet of your company letter headed stationery.

1

2

3

Main Purpose of Business Travel

LETTER OF AUTHORITY – (8th/13th Directive VAT refund claims and domestic VAT schedule preparation service)

(Name & address of company)

We hereby appoint FEXCO VAT Refunds Limited (FVR) FEXCO Centre, Iveragh Road, Killorglin, Kerry, Ireland to act on our company's behalf to reclaim VAT in connection with any claims we make to the European VAT Authorities as amended or replaced and agree to be bound by the terms and conditions notified by FVR from time to time. Any repayment to which we are entitled pursuant to such foreign VAT claims made on our behalf by FVR will be paid to FVR. FVR is entitled to debit its service fees for VAT refund claims and for domestic VAT schedule preparation from those VAT refunds that FVR receives from the European VAT Authorities on our behalf.

Authorised Company Signature _____ Date:

Name (please print) : Position Held:

Company Stamp or Seal

3199