

SOLE OWNER REGISTRATION DETAILS



VAT SOLUTION

Please complete all fields on the form.

Title

Bank Account Number

First Name

Sort Code

Surname

House Name/Number

County

2nd Line of Address

Postcode

Town

Date of Birth

National Insurance Number

Telephone

Mobile

E-mail address

Please e-mail this form to vat@roa.co.uk

VAT APPLICATION – HORSE LIST

	Horse Name*	% owned	Sponsor	Purchase Invoice Date
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Please e-mail this form to vat@roa.co.uk