



**CERTIFYING DOCUMENT FOR PREMISES QUALIFYING FOR SUPPLIES OF
NATURAL GAS AT THE REDUCED RATE OF VAT**

Please complete the details below as appropriate, and return it this document to:
billing@opalgas.com or Opal Gas Ltd, PO Box 818, Harrogate, HG1 9XE.

Company Name

Customer Account Number (if known)

Address of qualifying premises

.....

..... **Post Code:**

VAT Number (if applicable)

Registered Charity Number (if applicable)

Gas MPR Number (if known)

Percentage of gas consumption qualifying for the reduced rate of VAT:%

Non-business use by a charity:%

Please add any notes where relevant

.....

Date from which this declaration is effective:/...../.....

I certify that the information provided is correct and complete. I agree to inform Opal Gas if there is a significant change in circumstances.
I understand that any incorrect statement may make me liable to a financial penalty under the provisions of the VAT Act 1994, as amended.

Signed

Full name of signatory

Position Held

Contact Telephone Number

Dated/...../.....