



REPAYMENT REQUEST

(PLEASE COMPLETE IN BLOCK CAPITALS)

- Repayment cheques can only be made in pounds sterling but direct bank payments can be made in any currency.
- Direct bank payments can be made to local, UK or overseas banks. **IMPORTANT:** for payments made to overseas banks there will be a bank charge from Guernsey of £7.50 and there will also be charges from the overseas bank (these amounts vary and are unknown). All such charges will be deducted from the repayment due.
- Cheques are drawn on National Westminster Bank Guernsey.
- Repayments cannot be made in cash.
- You can nominate another person to receive the repayment cheque on your behalf. You will need to complete the form of authority overleaf, confirming that the nominee may receive the repayment on your behalf.

Please indicate your preferred method of repayment by ticking the appropriate box:

- Cheque to you (Complete only sections 1(a) and 3 below)
- Cheque to a nominee (Complete only sections 1(b) and 3 below and the authority overleaf)
- Direct payment to your bank account (Complete only sections 1(a), 2 and 3 below)

PAYMENT DETAILS

1.(a)

Your name:

Address:

.....

.....

Tax reference number:

1.(b)

Name of nominee:

.....

Please also complete the authority overleaf.

2. BANK DETAILS FOR DIRECT PAYMENTS (all sections must be completed)

Bank name:

Bank address:

Bank sort code:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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IBAN number:

BIC number:

Swift number:

Currency:

Name of account holder:

Residential address:

.....

3. Signed Date

Form 692 (05/16)



Authority for nominee to receive repayment

To: Director of Income Tax
PO Box 37
2 Cornet Street
St Peter Port
Guernsey
GY1 3AZ

Your name

Your address

.....

Your tax reference

I hereby confirm that:

Name of nominee

Address of nominee

.....

should receive the full repayment of £ due to me. This authority applies to the next repayment due. Any future repayments will require further direction.

Signature

Date

For companies, all directors are required to sign this form:

Signature Name

Signature Name

Signature Name

Signature Name

Signature Name

Data Protection statement: The information provided in this form will be processed in accordance with the Data Protection legislation. Full details of our Data Protection Policy can be found at www.gov.gg/tax.