وزارة المالية

VAT الضريبة على القيمة المضافة

الجمهورية اللبنانية

VAT 3-3

Refund Request

Diplomatic and consular missions and international organizations

Document number:

Identification

Mission / Organization Registration Number At the Value Added Tax Directorate

Name of Mission / Organization _____

6	0	3	-									

Address

Province (Mohafaza) _____ Caza _____ Region - City _____

Sector _____ Street _____ Building _____ Floor _____

Postal code _____ P.O.Box No: _____ Region _____

Phone _____ _____ Phone _____ _____ Facsimile _____ _____

E-mail _____

Details of the Tax amounts requested for Refund

For the Month of _____ of year _____

Balance requested for Refund | 100 | _____ | **LBP.**

Lebanese Pounds Only _____

Name of the person who contributed in the preparation of the declaration

Full name _____ Title _____ Registration number at the Ministry of Finance

Address Province (Mohafaza) _____ Caza _____ Region -City _____

Sector _____ Street _____ Building _____

Floor _____ Phone _____ _____ Facsimile _____ _____

E-mail _____

Signature

I certify that the information provided in this request is exact

Name _____

Title _____ Signature _____ Date ____/____/____ (day / month / year)

Reserved for the administration

Receival/posting date ____/____/____ (day / month / year)

Receipt number _____ Receiver Name _____ Signature _____

Notes :