

**GARBETTS**  
**TAX ENQUIRY INSURANCE FOR GARBETTS CLIENTS**  
**APPLICATION FORM**

8162d



Your name

Your business/company/trading name

Garbetts file reference for you

I do / do not want to take up your Tax Enquiry insurance package (please delete as applicable)  Yes, I'm taking it up

If you want to take up the insurance, please complete part A, sign the form and return to us with your remittance

If you do not want to take the cover up, please complete part B, sign the form and return to us  No, I'm not taking it up

**PART A - APPLICATION FOR COVER**

Date cover is to start from  
(1 December 2008, or date of completing this form, which ever is the later)

Premium as per price list below  
(annual premium x pro rata % if joining mid year)

Tick as applicable

Private clients (individual taxpayers with annual income of less than £15,000)	£40	<input type="checkbox"/>
Sole traders and partnerships with annual income (vat exclusive) of less than £500k	£100	<input type="checkbox"/>
Limited companies with annual income (vat Exclusive) of less than £2m (including contractors / PSCs)	£135	<input type="checkbox"/>

All premiums are inclusive of Insurance Premium Tax.

If you are joining after 1 December then these premiums are pro rated as follows

Join before 28 February 2009	100%	<input type="checkbox"/>
Join before 31 May 2009	75%	<input type="checkbox"/>
Join before 31 August 2009	50%	<input type="checkbox"/>
Join before 30 November 2009	25%	<input type="checkbox"/>

We must receive your payment before your cover commences.  
Regrettably payment cannot be added on to regular standing orders to Garbetts.

Declaration - please delete as applicable  
I/We agree that Garbetts shall be the Appointed Representative for the purpose of the policy.  
I am/We are not currently undergoing a VAT or PAYE inspection.  
I am/We are not currently involved in a dispute with the Revenue Authorities.  
I/We agree that the statements made by me or on my behalf are true and complete to the best of my knowledge and I agree that this proposal shall be the basis of the contract between the underwriters and myself.  
I/We agree to accept a policy in the underwriter's usual form for this class of insurance.  
I/We understand that if my most recently submitted tax return was not prepared or submitted by Garbetts and the return has significant misstatements or omissions any claim as a result of an enquiry into that return may be restricted by insurers.  
NB. If you are unable to comply with the statements made above, please cross through the statement and attach full details. Your declaration will be considered by underwriters. You will then be contacted regarding conditions of acceptance. Please note that once this insurance is in place insurers will be entitled to obtain from the Appointed Representative any information or particulars, whether privileged or not, relating to a claim.

Remittance details Cheque enclosed (payable to Garbetts Ltd)  Tick

Please debit my card (£2 flat fee applies).

Card number  Security code   
(last three digits on reverse of card)

Expiry date  Start date

Issue number (switch cards)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form by fax (01983 404016) or post to Garbetts - As a signature is required, an e-mail response is not acceptable.

**PART B - OPT OUT**

If you do not require this cover, can you please sign below:

We wish to be excluded from the Garbetts Tax Enquiry Insurance Practice Scheme. I/We understand that in the event of an enquiry by the Revenue Authorities, I/we will be fully liable for all accountancy costs incurred.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT - PLEASE COMPLETE AND RETURN THIS FORM TO US EVEN IF YOU DO NOT WISH TO BE COVERED - THANK YOU**

Garbetts - 2-6 New Road, Brading, Sandown, Isle of Wight, PO36 0DT  
This application should be read in conjunction with the information document on the scheme, which sets out its details and basis of regulation.