



**TRANSFER OF BUSINESS ACTIVITIES  
FORM OF APPLICATION TO BE COMPLETED ON TRANSFER  
OF BUSINESS ACTIVITIES FROM NON-EUROPEAN UNION COUNTRIES**

I,  as Owner  Secretary  Director   
(Name)

of  do hereby declare that:  
(Registered Name of Business Undertaking)

1. the said undertaking has carried on its business at:

(Full Address)

FROM         TO

2. the said undertaking established its normal place of business in the State on

3. the goods have been used as capital goods and other equipment for at least \*twelve months by the undertaking which has definitely ceased its activity abroad; Yes  No

the livestock has been owned for at least \*twelve months by the undertaking which has definitely ceased its activity abroad; Yes  No

4. the **livestock**  **capital goods**  **other equipment**  are intended to be used for the same purpose after the undertaking has transferred its activities to the State and are appropriate to the nature and size of the undertaking in question.

5. the particulars specified at Part II overleaf contain a full and true account of the motor vehicle / s specified and being imported.

Present location of the vehicle / s

Address at which said undertaking has begun to carry on business as aforesaid

Date         and place of importation

Transport firm having carriage of goods

I make these declarations knowing them to be true, and undertake that the goods  livestock  specified overleaf will not be disposed of, hired out or lent or used as security in the State within one year of the date of importation unless payment of the relevant charges (excluding VAT) has been made.

**Signature of Importer** \_\_\_\_\_ **Date:**          
(Owner  secretary  Director  )

\* If, in any particular case, a shorter period has been allowed by the Revenue Commissioners supporting documentation must be presented.



**PART II**

<b>++VEHICLE DETAILS</b>										
Make:	Model and Version:									
Colour(s):	Body Type:									
Engine Type	Engine Capacity									
Chassis No.:	Engine No.:									
No. of Seats:	No. of Windows:									
RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> Hand Drive <input type="checkbox"/>	Has Vehicle been previously registered here?: Yes <input type="checkbox"/> No <input type="checkbox"/>									
Latest Registration No.:	Country of latest Registration :									
Date of First Registration:	<table border="1" style="display: inline-table; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>		D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
Has the Vehicle been converted, adapted or improved since latest Registration here? Yes <input type="checkbox"/> No <input type="checkbox"/>										
Details of Conversion, Adaptation or Improvement:										
<b>FOR OFFICIAL USE ONLY</b>										
<b>VEHICLE REGISTRATION TAX (VRT) DETAILS</b>										
Statistical code:	Extras – Distributor / Factory fitted:									
Total value of extras: €										
Month and Year of First Registration <input type="checkbox"/> Manufacture <input type="checkbox"/> : <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>			M	M	Y	Y	Y	Y		
M	M	Y	Y	Y	Y					
Mileage:	Condition:	OMSP: €								
VRT Category:	VRT Rate:	Vehicle Registration Cert No.:								
Import Station <input type="checkbox"/> VRO <input type="checkbox"/>										
Officer:	Date: <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>		D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			

++ Use additional pages where more than one vehicle is being imported.

**PART III**

**DECLARATION AT IMPORT BY IMPORTER OR AUTHORISED AGENT**

I  as Importer  Agent   
of Importer of the items described in the list attached hereto which are being imported on transfer  
of business activity to the State and which have arrived  are due to arrive  in the State at  
 (state place of importation) per  
 (give particulars, name etc. of import  
conveyance) claim relief from payment of relevant charges including Vehicle Registration Tax in respect  
of such goods under the Transfer of Business Activities Provisions.

Date:         Signature importer  Agent  \_\_\_\_\_  
Address (Include Eircode):

**DECLARATION BY CARRIER**

I hereby declare that   
vehicle Reperation No.  Trailer No.  Container No.   
containing the goods listed herein and imported by  (importer)  
contains no other consignment  other consignments  as follows: (Give details of any other consignments)

This declaration is not required where the goods are imported as part of a groupage load for which a  
special manifest is presented.

**FOR OFFICAL USE ONLY**

**ACCEPTANCE OF DECLARATION**

Form C&E No. 642 <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"/>	Ref. No. in TOR Register:
Officer <input type="text"/>		Comments:
Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

**EXAMINATION AND CLEARANCE**