

Vendor²

Name

Name

Address

Address

Tax Reference No.

Tax Reference No.

Name

Name

Address

Address

Tax Reference No.

Tax Reference No.

Purchaser⁷

Name

Name

Address

Address

Name

Name

Address

Address

Vendor's Declaration

I Declare that I am/the above named is the person making the disposal and the grounds of the application are as follows

(Tick the appropriate box)

- a) I/we/the above named am/are resident in the State.⁸
- b) No amount of Capital Gains Tax is payable in respect of the disposal.⁹
- c) The Capital Gains Tax chargeable for the year of assessment for which I/we/the above named am/are chargeable in respect of the disposal of the asset and the tax chargeable on any gain accruing in any earlier year of assessment on a previous disposal of the asset has been paid.⁹

Signature¹⁰

Signature¹⁰

Date

/ /

Date

/ /

Capacity in which application is made¹¹