Регистрационен формуляр
Възстановяване на данъци от Холандия

RT TAX

RT Tax Bulgaria

МОЛЯ ИЗПОЛЗВАЙТЕ ЛАТИНСКИ БУКВИ!

Име: ИМЕ

Презиме: ПРЕЗИМЕ

Фамилия: ФАМИЛИЯ

Домашен адрес: ДОМАШЕН АДРЕС

Дата на раждане: 19 99 / 99 м / 99 д **Тел./Моб.:** 999 999 999 999

BSN/SOFI НОМЕР: 1234 56 789 **E-mail:** email@email.com

Дата на пристигане в Холандия: 20 15 г / 07 м / 10 д — 20 16 г / 08 м / 01 д

Дата на заминаване от Холандия: 20 15 г / 10 м / 01 д — 20 16 г / 12 м / 03 д

Възнамерявате ли да се върнете в Холандия през следващите 3 години? Да ☐ Не ☒

Декларирахте ли заминаването си от Холандия? Да ☐ Не ☐

Ако **„Да"**,моля, отбележете периода, през който сте живели в Холандия: **От:**____г/___м/___д **До:** ____г/___м/___д

Кандидатствали ли сте някога за TAX Refund в RT Tax, или друга компания, или сами? Да ☐ Не ☐

Ако **"Да"** обяснете подробно:

Имате ли активна банкова сметка в Холандия? Да ☐ Не ☐

Ако имате банкова сметка в Холандия, парите могат да бъдат преведени по тази банкова сметка.

Получавали ли сте доходи в други страни през годината, за която кандидатствате? Да ☐ Не ☐

Ако да, моля, посочете името на страната и стойността на доходите:

Ако сте омъжени/женени, име и презиме на съпруг/а:

Дата на раждне на съпруг/а: 19 _ _ г / _ _ м / _ _ д Дата на сключване на брак: _ _ _ _ г / _ _ м / _ _ д

Вашия съпруг беше ли нает на работа в Холандия? Да ☐ Не ☐ BSN/SOFI Номер на съпруг/а:

Доход на съпруг/а през годината, за която кандидатствате:

Информация за работата

Ако имате деца, моля въведете техните имена, презимена и дати на раждане:

1. ИМЕ, ФАМИЛИЯ 2012 08 01
2. ИМЕ, ФАМИЛИЯ 2015 02 08
3.

Живели ли сте (или сте имали една и съща адресна регистрация) с децата Ви поне за 6 месеца през годината, за която искате да си върнете данъците? Да ☐ Не ☐

Бележки на клиента:

Бележки на RT Tax:
Доход:

Платени данъци:

Колко работодатели имахте? 2

Трябва да посочите ВСИЧКИ ВАШИ РАБОТОДАТЕЛИ. Неспазването на това може да предизвика проблеми,при възстановяването на данъците Ви.

1. Компания: КОМПАНИЯ
Адрес: АДРЕС
E-mail: E-MAIL
Работил/а от: 2015 г/ 07 м/ 15 д до 2015 г/ 10 м / 01 д

2. Компания: КОМПАНИЯ
Адрес: АДРЕС
E-mail: E-MAIL
Работил/а от: 2016 г/ 08 м/ 12 д до 2016 г/ 12 м / 03 д

3. Компания:
Адрес:
E-mail:
Работил/а от: ___г/___м/___д до ___г/___м/___д

С подписването на този документ аз заявявам,че информацията,предоставена от мен, е пълна,точна и вярна.

Подпис: X **ПОДПИС**
Дата: X ДАТА

Кандидатстване за парична компенсация за здравна застраховка (Zorgtoeslag)

RT TAX

Искате ли да кандидатствате за парична компенсация за здравна застраховка (Zorgtoeslag) чрез нашата компания? Да ☒ Не ☐

Ако искате, моля, прочетете информацията по – долу и попълнете формуляра

- крайният срок за кандидатстване за здравна застраховка (Zorgtoeslag) е 1-ви август за предходната календарна година (например: крайният срок да кандидатствате за компенсация за 2016 е 1-ви август 2017)
- Моля да ни предоставите застрахователната си полица. Ако не разполагате с нея, ни предоставете здравната си карта или чекове, съдържащи информация относно плащания по нея.
- таксата за тази услуга се заплаща отделно.

Моля, напишете период за който искате да получите компенсация за здравна застраховка:

От: 2015 г/ 06 м/ 01 д **До:** 2015 г/ 08 м / 31 д

Сега получавате ли социални помощи в Холандия? (маркирайте подходящото):

unemployment ☐ zorgtoeslag ☐ huurtoeslag ☐ kindertoeslag/kingebonden ☐ kinderbijslag ☐

Подадохте ли заявление да бъдат спрени социалните помощи след заминаването Ви от Холандия? Да ☐ Не ☐

Повече информация за възстановяване на парична стойност на здравна застраховка (Zorgtoeslag):

Съгласно закона за здравно осигуряване (Zorgverzekeringswet), всички граждани на Холандия, които работят и плащат данък общ доход, трябва да имат задължителна здравна застраховка.

Ако сте направили здравна застраховка в Холандия, имате възможност да си върнете част от заплатената сума.

Ако Вие/Вашия работодател/застрахователната компания вече сте/са подали документи за компенсация, може да получите парите си два пъти, но след време когато данъчните служби в Холандия разгледат случая Ви, ще поискат да върнете парите.

Сумата, която може да си възстановите, зависи от получения годишен доход.

Стойност за възстановяване за 2016 година:

- до 83 евро на месец, ако годишният доход не надвишава 27 012 евро;
- до 158 евро на месец, ако полученият от Вас или Вашия/ата съпруг/а годишен доход не е над 33 765 евро.

В случай че желаете да кандидатствате за компенсация на здравната застраховка, трябва да спазвате определени

С подписването на този документ аз заявявам, че информацията, предоставена от мен е пълна, точна и вярна.

Подпис: X **ПОДПИС**
Дата: X ДАТА

Machtiging - Afhandeling van alle belastingzaken

Authorization for taking care of all tax matters

Belastingplichtige/Taxpayer:

Naam / Name: .....

Geboortedatum / Date of birth: .....
(Day/Month/Year)

BSN/Sofinummer / BSN/Sofinumber: .....

Verleent volmacht aan / Appoints:

Gegevens gemachtigde / Agent Details:

Volledige Naam / Name: **Tax Refunds, UAB**

Adres van de gemachtigte / Address: **Laisves Al 67, Kaunas LT-44304, Lithuania**

Beconnummer: 636903

Tot vertegenwoordiging van mijn persoon bij de Nederlandse Belastingdienst en tot het indienen in mijn naam van de Nederlandse aangifte inkomstenbelasting voor het jaar ..... en de daarop volgende jaren, tot dat deze volmacht door ondergetekende schriftelijk wordt herroepen.

De volmacht omvat het voeren van alle zaken.

De gevolmachtigde is gemachtigd tot de gehele correspondentie betreffende de belatsingaangifte op het bovenstaande adres te ontvangen en als bezorger op te treden.

Ik verzoek u vriendelijk om mijn gehele correspondentie betreffende de belastingaangifte naar het onderstaande adres te sturen:

Tax Refunds, UAB
Laisves Al 67,
Kaunas LT-44304,
Lithuania

Door ondertekening van deze volmacht worden alle eerder getekende volmachten ingetrokken en eerder gemachtigde personen van hun taken ontslagen.

Plaats / Place: .....

Ondertekening belastingplichtige / Taxpayer signature: x ПОДПИС .....

Datum / Date: .....

Machtiging - Afhandeling van alle belastingzaken

Authorization for taking care of all tax matters

Belastingplichtige/Taxpayer:

Naam / Name: .....

Geboortedatum / Date of birth: .....
(Day/Month/Year)

BSN/Sofinummer / BSN/Sofinumber: .....

Verleent volmacht aan / Appoints:

Gegevens gemachtigde / Agent Details:

Volledige Naam / Name: **Tax Refunds, UAB**

Adres van de gemachtigte / Address: **Laisves Al 67, Kaunas LT-44304, Lithuania**

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Plaats / Place: .....

Ondertekening belastingplichtige / Taxpayer signature: x ПОДПИС .....

Datum / Date: .....

Informatie adreswijziging

Belastingdienst/Limburg/kantoor Buitenland
Klantenregistrarie
POSTBUS 29
6400 AA HEERLEN

Belastingplichtige/Taxpayer:

Naam / Name: .....
Geboortedatum / Date of birth: .....
BSN/Sofinummer / BSN/SOFI number: .....

Werk de informatie ten aanzien van mijn correspondentieadres in uw databank bij a.u.b.
Ik geef hierbij een machtiging dat al mijn post naar mijn belastingadviseur, Tax Refunds, UAB., (becommummer: 636903) gestuurd wordt, op het volgende adres:

Tax Refunds, UAB
LAISVES AL. 67
KAUNAS
LT-44304
LITOUWEN

Plaats / Place: .....
Ondertekening belastingplichtige / Taxpayer signature: X ПОДПИС
Datum / Date: .....

Toeslagen
Belastingdienst

Zorgtoeslag stopzetten

Postbus 2545, 6401 DA Heerlen, Pays Bas

Burgerservicenummer/sofinummer

LAISVES AL 67
44304 KAUNAS LITOUWEN
LITOUWEN

Geboortedatum

Waarom dit formulier?
Met dit formulier zet u de zorgtoeslag stop voor uzelf en uw eventuele toeslagpartner.

Invullen en terugsturen
Vul dit formulier in met een blauwe of zwarte pen en schrijf binnen de invulvakjes. Stuur het formulier terug in de bijgevoegde envelop. Stuur geen bijlagen mee. Zodra wij uw gegevens verwerkt hebben, krijgt u bericht van ons.

Zorgtoeslag stopzetten

Vanaf welke datum wilt u de zorgtoeslag stopzetten? *Vul in als dd-mm-jj* X X - X X - 2 0 X X

Ondertekening

Uw handtekening X ПОДПИС

Let op! *Er staat extra uitleg op de achterkant*

S0020162 10031182 00
TG 408 - 2Z?3GRD
TG 138 - 3Z?3GT
114080201

Toeslagen
Belastingdienst

Inkomen opgeven of wijzigen

Postbus 2545, 6401 DA Heerlen, Pays Bas

Burgerservicenummer/sofinummer

LAISVES AL 67
44304 KAUNAS LITOUWEN
LITOUWEN

Geboortedatum

Waarom dit formulier?
Met dit formulier kunt u uw inkomen opgeven. Ook als uw inkomen gewijzigd is, kunt u dat met dit formulier doorgeven.

Invullen en terugsturen
Vul dit formulier in met een blauwe of zwarte pen en schrijf binnen de invulvakjes. Stuur het formulier terug in de bijgevoegde envelop. Stuur geen bijlagen mee. Zodra wij uw gegevens verwerkt hebben, krijgt u bericht van ons.

Jaarinkomen

Over welk jaar geeft u uw inkomen op?

Wat is uw inkomen over dat hele jaar? *Geef het inkomen op van 1 januari tot en met 31 december. Lees de extra uitleg op de achterkant*

, 0 0

Ondertekening

Uw handtekening

X ПОДПИС

Let op! *Er staat extra uitleg op de achterkant*

S0020162 10031219 00
TG 420 - 2Z*3GRD
TG 138 - 3Z*3GT
1142000201

Toeslagen
Belastingdienst

Zorgtoeslag aanvragen

Postbus 2545, 6401 DA Heerlen, Pays Bas

Burgerservicenummer/sofinummer

LAISVES AL 67
44304 KAUNAS LITOUWEN
LITOUWEN

Geboortedatum

Waarom dit formulier?
Met dit formulier vraagt u zorgtoeslag aan voor uzelf en uw eventuele partner.

Wanneer kunt u zorgtoeslag krijgen?
U moet aan de volgende voorwaarden voldoen:
- U bent 18 jaar of ouder.
- U hebt een zorgverzekering volgens de Zorgverzekeringswet.
- Uw (gezamenlijke) inkomen is niet te hoog.
- U hebt de Nederlandse nationaliteit of een verblijfsvergunning die recht geeft op toeslagen.

Kijk voor uitleg over de voorwaarden in de brochure over zorgtoeslag. Deze kunt u opvragen bij de BelastingTelefoon. Of kijk op www.toeslagen.nl.

Waarvoor tekent u?
Door dit formulier te ondertekenen, verklaart u dat u zorgtoeslag wilt krijgen. Hebt u een partner? Zet dan allebei uw handtekening. Zo stemt u ermee in dat wij aan ieder van u informatie kunnen geven over de ander en dat u elkaars gegevens kunt wijzigen. Bovendien verklaart u beiden dat u eventueel te veel ontvangen zorgtoeslag zult terugbetalen.

Invullen en terugsturen
Vul dit formulier in met een blauwe of zwarte pen en schrijf binnen de invulvakjes. Stuur het formulier terug in de bijgevoegde envelop. Stuur geen bijlagen mee. Zodra wij uw gegevens verwerkt hebben, krijgt u bericht van ons.

Ingangsdatum

Vanaf welke datum wilt u dat de zorgtoeslag ingaat? *Vul in als dd-mm-jj*

- - 2 0

Ondertekening

Uw handtekening

X ПОДПИС

Let op! *Er staan ook vragen op de achterkant*

S0020162 10031218 00
TG 404 - 2Z*2GRD
TG 138 - 3Z*3GT
1140402 01

Belastingdienst

Adreswijziging doorgeven
Buitenland

Stuur het volledig ingevulde formulier in een voldoende gefrankeerde envelop naar:

Belastingdienst/Limburg/kantoor Buitenland
Postbus 2865
6401 DJ Heerlen
Nederland
BelastingdienstTelefoon Buitenland + 31 555 385 385

Met dit formulier kunt u een adreswijziging in het buitenland doorgeven aan de Belastingdienst.

1 Uw gegevens

1a Naam *(vermeld ook uw eventuele meisjesnaam)*

1b Sofinummer

Geboortedatum

1c Oude adres

Straat en huisnummer: GEEN ADRES BEKEND IN DE BELASTINGDIENST

Postcode en plaats

Land

2 Uw nieuwe adres

2a Ingangsdatum

2b Nieuwe adres

Straat en huisnummer

Postcode en plaats

Land

Uw telefoonnummer

3 Huisgenoten die meeverhuizen naar uw nieuwe adres

3a Sofinummer / Geboortedatum

Sofinummer / Geboortedatum

Sofinummer / Geboortedatum

Sofinummer / Geboortedatum

Sofinummer / Geboortedatum

4 Overig

4a Wilt u post van de Belastingdienst ontvangen op uw nieuwe adres? ☐ Ja ☒ Nee

4b Heeft u een gemachtigde? ☒ Ja ☐ Nee

4c Uw correspondentieadres of het adres van uw gemachtigde

Straat en huisnummer: TAX REFUNDS

Postcode en plaats: LAISVES AL 67,KAUNAS,LT-44304,LITOUWEN

Telefoonnummer

5 Ondertekening

Datum

X ПОДПИС

Handtekening

AL 80 - 2Z*1PL

Tax and Customs Administration

Отчет за доходите 2016
Квалифицирани чужди граждани данъкоплатци
ЕС / ЕИП Форма

Защо този формуляр?

На този списък попълватед оходие, които не са обложени в Холандия. Вие имате нужда от този отчет на доходите ако направите донесение (заявите) като квалифициран чужд гражданин задължен да бъде обложен.
За квалифицираните чужденци задължени да бъдат обложени са валидни следните условия:
- Вие живеете в една страна членка на ЕС, в Лихтенстаин, Норвегия, Исландия, Швейцария в Бонейра, Синт Еустатиус или Саба.
- Вашите доходи са минимално до 90% обложени в Холандия.
- Вие можете да предоставите отчет на доходите от данъчната администрация на държаватаот която идвате.

Повече информация за този отчет за доходите, както и последиците от квалифицирано чуждо данъчно облагане може да се прочетете в обясненията.

Попълни и изпрати
Попълни формуляра и го дай за подпис на Данълната служба в страната от която си. Изпрати след това формуляра на: Belastingdienst/Kantoor buitenland Postbus 2577, 6401 DB Heerlen

Внимание!
Само ако формуляра има оригиналния печат от Данъчната служба на страната от която идвате се взема формуляра за разглеждане. Значи Вие не можете да изпратите копие!

1 Данъчната година, за която се отнася декларацията

За коя данъчна година се отнася тази декларация: 2016

2 Вашите данни

2a Първите букви на личното име и фамилно име

Единен граждански номер / Данъчен номер — дата на раждане

Регистрациионен номер в стряната от която идвате

Адрес (улица, номер)

Пощенски код и място

Държава от която идвате

3 Подпис

Място

Дата

Подпис
Подпишете се в Рамките на квадрата

X ПОДПИС

IB 059 - 1251F01 BUL

0105951 01

4 Прходи, които не са обложени в Холандия

4а	Доходи от бизнес	€
4б	Заплата и обезщетения по болес	€
4в	Бакшиш и други доходи	€
4г	AOW , пенсии и други обезщетения	€
4д	Еднократна сума рента	€
4е	Освободения доход като служител на международна организация	€
4ж	Освободена пенсия от ЕС	€
4з	Доходи от друга работа	€
4и	Приходи от предоставяне на активи (имущество)	€
4й	Партньор за издръжки и обратно изкупуване на плащания за тях	€
4к	Периодични плащания и плащания за обратно изкупуване от него	€
4л	Други доходи	€ +
4м	*Събери от:4а до 4л*	€
4н	Приспадане на пътни при обществен транспорт	€ −
4п	*Извади: 4м минус 4н.* Общо бокс 1.	€
4р	Възползване от съществен интерес	€
4с	Вашият дял от активи минус задължения x 0.4	€ +
4т	*Събери 4п плюс 4р плюс 4с.* Общо доходи, които не са обложени в Холандия	€

5 Декларация на чуждестранните данъчни служби

Дайте тази декларация да се подпише от данъчните служби на страната от която идвате

Име и адрес на Данъчната служба в чужбина

С това се потвърждава, че:

1 Споменатото данъчнозъдлжено лице в 2016 година в нашата държава бе резидент (живя в нашата държава).

2 Попълнените данни съотвестват на това, което е известно на нас за доходите.

Място

Дата – –

Печат

Подпис

Подпишете се в Рамките на квадрата

01 059 51 02

Agreement

RT TAX

This Services Agreement (the "**Agreement**") is executed by and between: Date: .....

(1) Torus Solution NV (dba RT Tax), company code 126057, represented by the person dully authorized under existing legislation (the "**Service Provider**"); and

(2) ....., date of birth ..... (the "**Client**").

Hereinafter the Service Provider and the Client together are referred to as the "**Parties**" and each separately as the "**Party**".

RECITALS

(A) The Service Provider provides tax refund and related services and the Client wishes to recover the personal income tax paid due to work abroad or on other grounds.

(B) The Parties wish to agree on the terms and conditions of tax refund.

1. Subject matter

1.1. In accordance with the terms and conditions set in this Agreement, the Service Provider shall provide to the Client tax refund and related services, i.e. shall draw up the documents necessary for the refund of the taxes paid by the Client in the United States of America, United Kingdom, Ireland, the Netherlands, Germany, Norway, Canada, New Zealand, Australia or other jurisdiction and shall present them to the corresponding tax authorities or other competent institutions (the "**Services**"), and the Client shall accept and remunerate for such Services.

1.2. By this Agreement the Client authorises the Service Provider to prepare, sign and file tax returns and to receive all correspondence, including tax refund cheques, from tax authorities. Service Provider will as necessary disclose that he is acting as the nominee of the Client and all the actions are made in the name and on behalf of the Client.

1.3. Taxes will be refunded to the Client by a bank transfer of the refunded amount to the bank account or by a bank cheque drawn in the name of the nominee indicated by the Client. The Tax Refund Cheque shall be collected and the tax refund amount shall be transferred to the Client by the Collection Services Provider in accordance with the terms and conditions set in the Collection Agreement executed between the Client and the Collection Services Provider.

1.4. The final amount of the taxes to be refunded shall be established by a competent institution of the foreign country. The amounts calculated by the Service Provider are for information purposes only and do not entitle the Client to claim the preliminarily calculated amount.

2. Terms of Provision of Services

2.1. The Service Provider hereby undertakes:

2.1.1. to provide the Client information on the documents that the Client needs to submit to the Service Provider for the purposes of filing for the tax refund;

2.1.2. to collect, complete and sign all the required forms, requests and other related documents on behalf of the Client;

2.1.3. to submit the required documents to the respective tax authorities or other competent institutions that are responsible for tax refunds;

2.1.4. to inform the Client about the process of the tax refund and other related matters at the Client's request;

2.1.5. to transfer the Tax Refund Cheque to the Collection Services Provider for collection under the Collection Agreement executed between the Client and the Collection Services Provider or to instruct the tax authority to transfer the tax refund amount to the Collection Services Provider for subsequent transfer of tax refund amount to the Client.

2.2. The Client hereby undertakes:

2.2.1. to provide to the Service Provider complete, true and accurate information and documents (originals and copies) required for the completion of the tax refund. The Client is entitled to provide the information either by filling in paper forms provided by Services Provider or by filling in the online information form available at the Service Provider's internet site;

2.2.2. to fill in and sign any forms and other documents required for the completion of the tax refund;

2.2.3. to inform the Service Provider immediately and in all cases not later than within 5 (five) days, if the foreign tax or other authority transfers the refunded amount or a part thereof or sends the Tax Refund Cheque for the full refund amount or a part thereof directly to the Client;

2.2.4. during the validity term of this Agreement to abstain from executing tax refund services agreements with other service providers;

2.2.5. to inform the Service Provider of the new employment or self-employment in a foreign country;

2.2.6. to inform the Service Provider of any changes in the Client's contact details or about any other changes that may have impact to the tax refund. The information can be updated on the internet site of the Service Provider or e-mailed;

2.2.7. to pay the Service Provider the Service Fee as set out in Section 3 hereof.

3. The Services Fees

3.1. The fee for the Services (the "**Service Fee**") for refunding taxes for each tax year shall be:

3.1.1. For the "REGULAR" USA tax refund (Federal and State), if the tax refund amount is between USD 0-200, the service fee shall be USD 50; USD 201-600, the service fee shall be USD 70; USD 601-800, the service fee shall be USD 80; USD 801 and more, the service fee shall be 10% from the refunded amount.

3.1.2. Additional Fees applies for the "Fast"- 33 USD and for the "Express"- 99 USD USA tax refund. "Fast" and "Express" is available for Federal and State tax refund only.

3.1.3. USA tax refund (Social Security and Medicare): the service fee shall be 10% from the refunded amount, with a fixed minimum of USD 80;

3.1.4. United Kingdom, if the tax refund amount is between GBP 0-100, the service fee shall be GBP 35; GBP 101-200, the service fee shall be GBP 50; GBP 201-600, the service fee shall be GBP 55; GBP 601 and more, the service fee shall be 11% from the refunded amount.

3.1.5. Ireland: the service fee shall be 11% from the refunded amount with a fixed minimum of 60 EUR;

3.1.6. Ireland tax refund (Universal Social Charge (USC)): the service fee shall be 11% from the refunded amount with a fixed minimum of 60 EUR;

3.1.7. Norway: the service fee shall be 14% from the refunded amount, with a fixed minimum of EUR 80;

3.1.8. The Netherlands: the service fee shall be 11% from the refunded amount with a fixed minimum of EUR 49;

3.1.9. Germany: the service fee shall be 14% from the refunded amount with a fixed minimum of EUR 50;

3.1.10. Canada: the service fee shall be 11% from the refunded amount, with a fixed minimum of 70 CAD;

3.1.11. New Zealand: the service fee shall be 14% from the refunded amount, with a fixed minimum of 135 NZD;

3.1.12. Australia: the service fee shall be 10% from the refunded amount, with a fixed minimum of 105 AUD;

3.2. The additional fee for the retrieval of the lost or missing documents shall be for W2 (USA) – USD 15, P-45/P-60 (United Kingdom) – GBP 15, P-60 (Ireland) – EUR 17, T-4 (Canada) – CAD 15, RF-1015B (Norway) – EUR 17, "Jaaropgaaf" form (the Netherlands) – EUR 17, "Lohnsteuerkarte" (Germany) – EUR 17,"Summary of Earnings" (New Zealand) – 45 NZD, "Payment Summary" PAYG form (Australia) – AUD 30.

3.3. The Client shall also compensate the fees and costs incurred by the Service Provider in the tax refund process that could not be foreseen at the moment of the execution of this Agreement as listed in the pricelist of the Service Provider.

3.4. The amount of the payable VAT (if applicable) shall be added to all amounts indicated in Sections 3.1-3.3 hereof. The fees established in Sections 3.1-3.2 may be changed by the Service Provider unilaterally and shall be applicable to any request of the Client to provide the Services submitted after the Client has received notice on the change of fees.

3.5. The Service Fee shall be deducted from the amount received after the tax refund prior to the transferring it to the Client's account.

4. Liability

4.1. If the Client terminates the Agreement for the other reasons than failure by the Service Provider to perform its obligations after the filing for the tax refund is done or in case of breach of obligations set out in Section 2.2.4 hereof, the Client shall pay the fine of USD 100 and shall cover all expenses of the Service Provider incurred due to the termination of the Agreement, not covered by the fine.

4.2. The Service Provider shall not be liable for: the delays in refunding taxes if the delay is caused by the foreign tax or other competent institutions; the failure to refund taxes, for the tax liability or for any other negative consequences, which occurred due to false, inaccurate or incomplete information provided by the Client or due to Client's prior financial commitments to any foreign tax or other institutions; the negative consequences incurred by the Client due to the changes in the applicable laws, rules, regulations or procedures applicable for the tax refund; additional bank charges, if the bank needs to repeat the transfer because of the incorrect or not full information provided; and any fees charged by the Client's or intermediary bank.

5. Validity of the Agreement

5.1. The Agreement shall come into force upon signing of it by both Parties and shall be valid until the proper and full performance of the obligations of the Parties set in the Agreement. The Agreement may be terminated by the mutual agreement of the Parties. The Client shall have the right to unilaterally terminate the Agreement prior to the filing for tax refund by informing the Service Provider in accordance with Section 6.1 hereof.

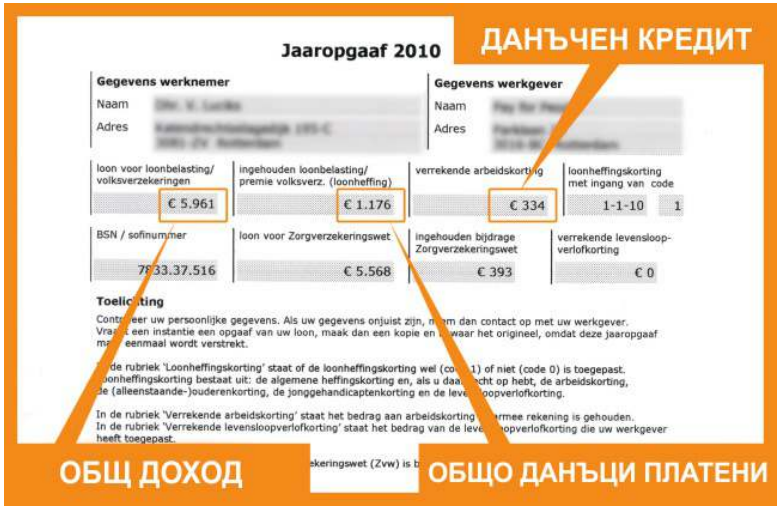
6. Miscellaneous

6.1. All additions, amendments and annexes to the Agreement shall be valid if they are executed in writing and signed by both Parties without prejudice to Sections 3.1-3.4 hereof. The electronic copy of the Agreement shall be provided to the Principal at his request after it is executed by the Agent. The disputes arising between the Parties regarding this Agreement or during the performance of this Agreement are settled by way of negotiations. In case of failure to come to an agreement, the disputes shall be finally settled by the competent court. All notices and other communication under this Agreement shall be in writing and shall be handed in person or sent by registered mail, e-mail or fax.

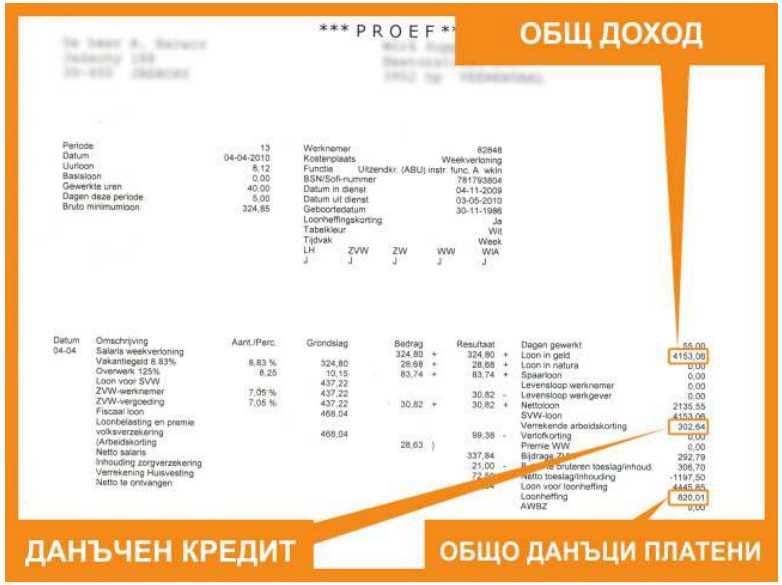
Client X ПОДПИС

ДОКУМЕНТИ ХОЛАНДИЯ (ПРИМЕРИ)

JAAROPGAVE ФОРМУЛЯРИ



ТАЛОНИ ОТ ПОСЛЕДНИТЕ ЧЕКОВЕ



BSN/SOFI НОМЕР