

Please complete and return.

VAT ZERO RATING FORM

AIDS FOR DISABLED PERSONS SUPPLIED TO AN INDIVIDUAL

I (CLIENT NAME).....

OF (ADDRESS)

TELEPHONE NUMBER.....

DECLARE THAT I AM AN ELIGIBLE PERSON UNDER PARAGRAPH 1 OF VAT LEAFLET 701/7(94), THAT I AM SUFFERING FROM:

DESCRIPTION OF ILLNESS

AND THAT I AM RECEIVING FROM

TENDERCARE LIMITED
PO BOX 3091
LITTLEHAMPTON
BN16 2WF

THE FOLLOWING GOODS WHICH ARE BEING SUPPLIED TO ME FOR DOMESTIC OR MY PERSONAL USE

DESCRIPTION OF GOODS

AND I CLAIM THAT THE SUPPLY OF THESE GOODS OR SERVICES IS ELIGIBLE FOR RELIEF FROM VALUE ADDED TAX UNDER GROUP 14 OF THE ZERO RATE SCHEDULE TO THE VALUE ADDED TAX ACT 1983

..... SIGNATURE (CLIENT/CARER)

..... DATE

There are several penalties for making a false declaration. If you are in any doubt about your own eligibility or the eligibility of the goods or services you are buying, you should get advice from any local VAT office before signing this declaration.