



**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.