

**VAT ELIGIBILITY DECLARATION**

**AIDS FOR DISABLED PERSONS SUPPLIED TO A CHARITY**

I, (FULL NAME) .....

Status in Charity .....

Of (name and address of Charity) .....

.....

.....

.....

declare that the Charity named above is receiving from:

CHILTERN INVADEX LIMITED  
126 CHURCHILL ROAD, BICESTER, OXFORDSHIRE, OX26 4XD

- A) The following goods which are being supplied to the Charity for use by one or more disabled persons:

Please indicate product type (ie. Shower chair/bath etc.):

.....

- B) The following service of repair or maintenance of goods:

.....

- C) The service of installing a hoist  
(please complete / delete the above as necessary)

and I claim on behalf of the Charity that the supply / repair / maintenance of these goods or services is eligible for relief from Value Added Tax under Group 12 of the Zero Rated Schedule to the Value Added Tax Act 1994.

SIGNED .....

DATE .....

INVOICE NUMBER .....