

VAT ELIGIBILITY DECLARATION

AIDS FOR DISABLED PERSONS SUPPLIED TO AN INDIVIDUAL

I, (FULL NAME)

Of (address)

.....

.....

.....

declare that I am an eligible person under Paragraph 1 of VAT leaflet 701/7/94 and that I am receiving from:

CHILTERN INVADEX LIMITED
CHILTERN HOUSE, WEDGWOOD ROAD, BICESTER, OXON OX6 7UL

A) The following goods which are being supplied to me for my personal use:

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 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

(user or representative – delete as necessary)

DATE

INVOICE NUMBER

VAT ELIGIBILITY DECLARATION

AIDS FOR DISABLED PERSONS SUPPLIED TO AN INDIVIDUAL

I, (FULL NAME)

Status in Charity

Of (name and address of Charity)

.....

.....

.....

declare that the Charity named above is receiving from:

CHILTERN INVADEX LIMITED
CHILTERN HOUSE, WEDGWOOD ROAD, BICESTER, OXON OX6 7UL

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