

V.A.T 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 V.A.T leaflet 701/7/94 and that I am receiving from>

Agecare Eastern Ltd
B & P Business Park, Bexwell, Downham Market, PE38 9LT

A) are being supplied to me for the following goods which my personal use>

Please indicate product type (i.e. hoist/bed/bath)

.....

B) the following service of repairs or maintenance of goods>

.....

(Please complete / delete the above as necessary)

and I claim that the supply / repair / maintenance of goods or service 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

**PLEASE COMPLETE AND RETURN THIS FORM
OR THE V.A.T WILL BECOME CHARGEABLE**

FAX NUMBER 0845 241 2282