ELIGIBILITY DECLARATION BY A DISABLED PERSON

PLEASE NOTE: THERE ARE PENALTIES FOR MAKING FALSE DECLARATIONS. THE COMPLETION OF THIS DECLARATION DOES NOT AUTOMATICALLY AUTHORISE THE ZERO-RATING OF GOODS OR SERVICES. IF EXEMPTION IS NOT AUTHORISED AND VAT HAS BEEN DEDUCTED THE CUSTOMER WILL BE RESPONSIBLE FOR REPAYING THE VAT IN FULL.

CUSTOMER:

If you are in any doubt as to whether you are eligible to receive goods or services zero-rated for VAT you should consult your local VAT office or the National Advice Service on 0845-010 9000 before signing the declaration.

I (full name)

Of (address)

Declare that

- I am chronically sick or have a disabling condition by reason of (Please supply proof of Disability by way of Certificate or letter from GP)
- The adapted vehicle is for my personal use
- I usually use a wheelchair or stretcher to be mobile

*Delete words not applicable

and I claim relief from Value Added Tax.

…… (Signature) ……/……/……(Date)

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SUPPLIER:

I (full name) **Ideas Solutions (Retail) Ltd**

Of (address) **96 Rochdale Road, Middleton, Manchester M24 2QA**

Am supplying the following goods or services to the person named above:

……
……
……

- The Goods being supplied are for Domestic or Personal use
- The Services being supplied are to adapt goods to suit his/her condition
- The following services of installation, repair or maintenance of goods
- The services of leasing goods

*Delete words not applicable

for the personal use of the disabled person.

……**(Signature) ……/……/……(Date)**