

QUALITY REHABILITATION FURNITURE & EQUIPMENT

VAT Exemption Form (UK Residents Only)

Eligibility Declaration by an Individual

I, (Applicants Full Name)

of (Address)

.....
.....
.....
.....

Declare that I am chronically sick or disabled by reason of:

.....
(give a full and specific description of your condition)

And that I am receiving from:

Apollo Healthcare International Limited
38 The Green
South Bar
Banbury
Oxfordshire
OX16 9AE

a: the goods mentioned below which are being supplied for my domestic or personal use.

b: services of repair or maintenance of the goods mentioned below.

Description of goods:

I hereby declare that the goods to which this order relates are being purchased from the funds of a chronically sick or disabled person and I can claim relief from Value Added Tax under group 14 of schedule 5 to the Value Added Tax Act 1983

Signature (*applicant, parent, guardian or doctor)

Name in Block Capitals

Date

PLEASE NOTE: 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 before signing this declaration

DISTRIBUTORS OF QUALITY REHABILITATION FURNITURE & EQUIPMENT

