

V.A.T exemption form

(Aids for the handicapped person: Supply to an individual)

Declaration by individual

Full name: (Miss, Ms, Mrs, Mr)

Address:

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Post code:

Name of GP / Consultant:

Address:

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.....

I, the above named person, declare that I am chronically sick or disabled, and the goods being purchased are eligible for relief from the value added tax under group 14 of the Zero rated schedule to the Finance Act 1972, by reason of the following medical condition:
(please specify your medical condition, eg. Alopecia, Chemotherapy treatment)

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The following goods, which are being supplied to me by Frobishers, for domestic or my personal use are:

Product:

Cost

Invoice number:

This declaration is hereby signed by:

Print name:

Signed:

Date:

This form is only valid if completed in full.