

C.S.ERGONOMICS

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Tel: 0844 504 9680

VAT EXEMPTION FORM

Aids for Handicapped Persons
Supply to an Individual

I (full name in capitals).....

Of (full address in capitals).....

.....

.....

Telephone number

Email address

Declare that I am chronically sick and disabled (i.e. blind, deaf or dumb, or substantially and permanently handicapped by illness, injury or congenital deformity), that I am suffering from: (description of the illness: e.g. diabetes; heart disease; arthritis)

.....

And that I am receiving from CS Ergonomics, the following goods which are being supplied to me for domestic or my personal use:
(description of goods)

.....

.....

And I claim that the supply of these goods or services is eligible for relief from Value Added Tax under Group 14 or the Zero Rate Schedule to the VAT Act 1983.

Signature:.....

Date:.....

There are severe penalties for making a false declaration. If you are in any doubt about your own eligibility or the eligibility of the goods or services you are buying, you should get advice from your local VAT Office before signing this declaration.