

VAT Exemption Form



Complete this form in BLOCK CAPITALS as part of your order if you want to apply for zero-rated VAT. Please complete part **A** or **B**, **and** part **C**. If you have a query call: **01954 281 210**.

PART A - EQUIPMENT FOR DISABLED PERSONS - SUPPLY TO AN **INDIVIDUAL**

NAME:

ADDRESS:

POSTCODE:

TELEPHONE:

I declare that I am chronically sick or disabled, and that I am receiving from Abilia Ltd the following goods, services or repair as described below for domestic or personal use:

(description of goods)

I claim that the supply of these goods or services is eligible for relief from Value Added Tax under item 2 (g) of Group 12 of Schedule 8 to the Value Added Tax Act 1994.

PART B - EQUIPMENT FOR DISABLED PERSONS - SUPPLY TO A **CHARITY**

I (name):

(position):

OF (organisation name & address):

REG CHARITY #

declare that this charity is receiving from Abilia Ltd, goods, services or repair as described below:

(description of goods)

I claim that the supply of these goods or services is eligible for relief from Value Added Tax under item 2 (g) of Group 12 of Schedule 8 to the Value Added Tax Act 1994.

PART C - **ALL APPLICANTS** TO COMPLETE

PRODUCT# (if known):

EMAIL ADDRESS:

SIGNATURE:

DATE:

OFFICE USE ONLY INVOICE #:

CUSTOMER CODE:

Return to us by fax: **01954 281 214**, email: **info@abilia.uk** or post:

Abilia Ltd, Unit 12 Buckingway Business Park, Swavesey, Cambridge CB24 4AE.