

Customer VAT Exemption Form



If you are in any doubt as to whether you are eligible to receive goods or services zero-rated for VAT you should consult Notice 701/7 VAT reliefs for disabled people or contact our National Advice Service on 0845 010 9000 before signing the declaration.

Section 1: To be completed by the customer

I (full name):

of (address):

declare that:

I am chronically sick or have a disabling condition by reason of:

(give full and specific description of your condition)

and that I am receiving from Safety Systems Distribution Ltd the following goods, services to adapt goods to suit my condition, installation, repair or maintenance of such goods:

(give full and specific description of goods or service received)

and I claim relief from Value Added Tax.

Signature: Date:

Section 2: To be completed by the supplier

I (full name):

of (address):

am supplying to the person named above:

for the use of the disabled person.

Signature: Date: