

# VAT EXEMPTION FORM

SALES ORDER NUMBER: \_\_\_\_\_

Please fill out this form and return to AVS by post or fax or E-mail.

AVS Steps Ltd

Unit 1, Excel Business Park, Church Lane, Wem, Shropshire SY4 5HS

Fax: 01939 235901

E-mail: sales@avssteps.co.uk

## VAT EXEMPTION ELIGIBILITY DECLARATION:

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 relief's for disabled people* or contact the National Advice Service on 0845 010 9000 before signing the declaration.

I (full name) \_\_\_\_\_

Of (address) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## DECLARE THAT:

I AM CHRONICALLY SICK OR HAVE A DISABLING CONDITION AND THAT I AM AN ELIGIBLE PERSON FOR ZERO RATED VAT UNDER GROUP 12 OF THE VAT ACT OF 1994 AND THUS I AM ELIGIBLE FROM VALUE ADDED TAX OF THE ABOVE GOODS OR SERVICES BEING TO ME (OR THE PERSON NAMED BELOW) FOR PERSONAL AND DOMESTIC USE ONLY.

I AM RECEIVING FROM AVS STEPS LTD, THE FOLLOWING GOODS WHICH ARE BEING SUPPLIED TO ME FOR DOMESTIC OR PERSONAL USE ONLY:

|   |
|---|
| (DESCRIPTION OF GOODS)<br>Supply and fitting of specially manufactured step to a vehicle to aid and assist entry and exit into the vehicle.<br><br>Other details is applicable: |
|---|

AND I CLAIM RELIEF FROM VALUE ADDED TAX.

SIGNATURE: \_\_\_\_\_  
(YOUR SIGNATURE OR / PARENT / GUARDIAN / CARER / DOCTOR)

DATE: \_\_\_\_\_

PERSON WHO QUALIFIES FOR RELIEF: \_\_\_\_\_

VAT EXEMPTION CHARITY NO. IF APPLICABLE: \_\_\_\_\_