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
Offices 5 & 6 Mereside Ind Park, Fenns Bank, Whitchurch, Shropshire SY13 3PA
Fax: 01948 780099
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)
Supply and fitting of specially manufactured step to a vehicle to aid and assist entry and exit into the vehicle.

Other details is applicable:

AND I CLAIM RELIEF FROM VALUE ADDED TAX.

SIGNATURE: _____
(YOUR SIGNITURE OR / PARENT / GUARDIAN / CARER / DOCTOR)

DATE: _____

PERSON WHO QUALIFIES FOR RELIEF: _____

VAT EXEMPTION CHARITY NO. IF APPLICABLE: _____