

# VAT Exemption Form

(UK Residents Only)

## Eligibility Declaration by an Individual

I, ..... (Applicants Full Name)

Of, ..... (Full Address)

.....

.....

.....

..... (Post Code)

Declare that I am chronically sick or disabled by reason of:

.....

.....

(give a full and specific description of your condition)

And that I am receiving from:

CareFlex Limited  
Unit 1, Templer House  
King Charles Business Park  
Old Newton Road  
Heathfield  
Newton Abbot  
Devon TQ12 6UT

a: the goods mentioned below which are being supplied for my domestic or personal use.

b: services of repair or maintenance of the goods mentioned below.

Description of goods: .....

I hereby declare that the goods to which this order relates are being purchased from the funds of a chronically sick or disabled person and I claim relief from Value Added Tax under group 14 of schedule 5 to the Value Added Tax Act 1983.

Signature ..... (\*applicant, parent, guardian or doctor)  
\*delete as applicable

Name in Block Capitals .....

Date .....

### **PLEASE NOTE:**

If you are in any doubt as to whether you are eligible to receive goods or services zero rated for VAT you should consult your local VAT Office before signing this declaration.