

V.A.T. EXEMPTION FORM



Mark's Mobility Services & Repairs

RETAIL SHOP
/H.O.

52 SATCHFIELD CRESCENT
HENBURY
BRISTOL
BS10 7BG

TEL; 0117 952 12 84
e; mark@marksmobility.co.uk

VALUE ADDED TAX ACT 1994

Goods and services for disabled persons: Eligibility declaration by an individual

I (full Name).....

of (address).....

.....

declare that I am chronically sick or disabled by reason of *(please give a full and specific description of your condition)*

.....

And that I am receiving from:

Mark's Mobility Services & Repairs
52 Satchfield Crescent, Henbury, Bristol BS10 7BG

The goods and/or services listed in the attached invoice, which are being supplied to me for domestic or my personal use, and I claim relief from value added tax under Group 12 of Schedule 8 to the VALUE ADDED TAX ACT 1994.

e:mail Address.....

Date.....

NOTE TO CUSTOMER: *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 the declaration.*