

V.A.T. EXEMPTION FORM

VALUE ADDED TAX ACT 1994

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

VAT Exemption Declaration Form

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:

**The Battery Megastore
Unit 29, Alexandra Way
Ashchurch, Tewkesbury
GL20 8NB**

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.

Signature.....

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.*

Please send to us either via post to:

Or e-mail to: **sales@batterymegastore.co.uk**

**Battery Megastore
Unit 29, Alexandra Way
Ashchurch, Tewkesbury
GL20 8NB**

Or fax to: **(01684) 850139**