

701/7/86

ANNEX A ~ AIDS FOR HANDICAPPED PERSONS, SUPPLY TO AN INDIVIDUAL

I _____ (full name)

OF _____ (address)

Declare that I am an eligible person under paragraph 1 of VAT leaflet 701/7/86, and that I am suffering from: _____ (description of illness eg. Diabetes)

And that I am receiving from: _____ (name and address of supplier)

Adaptocare Limited, 244 Nuneaton Street, Glasgow, G40 3DX

* The following goods which are being supplied to me for domestic or my personal use: _____ (description of goods)

* The following services to adapt goods to suit my condition: _____ (description of goods & service)

* The following alterations to my private residence: _____ (description of alteration – see paragraphs 3(f) and 3 (h))

- * A personal alarm call system
- * The services of monitoring a personal alarm call system.
- * The services of installing a lift

*** Delete if not applicable**

And I claim that the supply of these goods or services is eligible for relief from value added tax under Group 14 of the Zero Rate Schedule to the Value Added Tax Act 1983.

Signature _____

Date _____

THERE ARE SEVERE PENALTIES FOR MAKING A FALSE DECLARATION. IF YOU ARE IN ANY DOUBT ABOUT YOUR OWN ELIGIBILITY OR THE ELIGIBILITY OF THE GOODS OR SERVICES YOU ARE BUYING. YOU SHOULD GET ADVICE FROM ANY LOCAL VAT OFFICE BEFORE SIGNING THIS DECLARATION.