



HOW TO SUBMIT THIS FORM

Please print this form and complete. Upon completion please submit by one of the following:

1. Fax to 01226 719091
2. Email a scanned copy to sales@countrywidehealthcare.co.uk
3. Post to Countrywide Healthcare, Countrywide House, Springvale Rd, Grimethorpe, Barnsley, S Yorkshire, S72 7BA

GOODS AND SERVICES FOR DISABLED PERSONS: ELIGIBILITY DECLARATION BY AN INDIVIDUAL

I (full name)	
Of (address line 1)	
(address line 2)	
(address line 3)	
(address line 4)	
(postcode)	

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

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(Give full and specific description of your condition)

And that I am receiving goods from:

Countrywide Healthcare, Countrywide House, Springvale Road,
Park Springs, Grimethorpe, Barnsley, South Yorkshire, S72 7BA

The following goods which are being supplied to me for domestic and personal use:

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I claim relief from Value Added Tax under Group 14 of Schedule 5 of the VAT Act 1983.

Signature:

Date:

Note to customer:

If you are under any doubt as to whether you are eligible to receive goods or services zero-rated for VAT you should consult your VAT office before signing this declaration. Section 39.2 of the Act 1983 provides severe penalties for anyone who makes use of this document which they know to be false for the purpose of obtaining VAT relief.