

HOW TO SUBMIT THIS FORM

Upon completion of this form, please save it to your computer by selecting File > Save as
You will then be able to attach it to a new email and send to: marketing@countrywidehealthcare.co.uk

**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 National
Distribution Centre, Ferrymoor Way,
Park Spring Rd, Grimethorpe,
Barnsley, South Yorkshire, S72 7BN

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 to the VAT act 1983

Signature (typed)		Date:	
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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 a document which they know to be false for the purpose of obtaining VAT relief.