



## VAT Exemption Form

I \_\_\_\_\_

← Full Name of person for whom VAT Exemption is claimed

of \_\_\_\_\_

← Address or name and address of Charity

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Declare that: I am chronically sick or have a disabling condition by reason of**

← Please give a full and specific description of your condition (Charities leave blank)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**And that I am receiving goods from Mobility Aid Services for an eligible chronically sick or disabled individual or for my domestic or personal use. OR: The goods will be made available through the above charity to a disabled person or persons for domestic or their personal use.**

**I/we claim relief from Value Added Tax.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

Once completed please return to Mobility Aid Services at the address detailed above.