

# SCOTTISH MEDICAL SUPPLIES LTD

## Eligibility Declaration Form

Please note there are penalties for making false declarations

### 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 Notice 701/7 VAT reliefs for disabled people or contact our National Advice Service on 0845 010 9000 before signing the declaration.

I (full name) .....

of (address) .....

declare that:

- I am chronically sick or have a disabling condition by reason of: (give full and specific description of your condition); and that:
- I am receiving from: SCOTTISH MEDICAL SUPPLIES LTD.

\* the following goods which are being supplied to me for domestic or my personal use:

\* the following services to adapt goods to suit my condition:

\* the following services of installation, repair or maintenance of goods:

and I claim relief from value added tax.

..... (Signature)

..... (Date)

### Supplier

SCOTTISH MEDICAL SUPPLIES LTD

of 90 George Street STRANRAER DG9 7JS

am supplying to the person named above:

\* the following goods:

\* the following services of adapting goods:

\* the following services of installation, repair or maintenance of goods:

for the personal use of the disabled person.

..... (Signature)

..... (Date)