

VAT Exemption Certificate

(Please note that this is not an order)

Part A – GOODS AND SERVICES FOR DISABLED PERSONS, ELIGIBILITY DECLARATION BY AN INDIVIDUAL ANNEX D (Taken from VAT notice 701/7/94 VAT Relief's for people with Disabilities)

FULL NAME

E-MAIL

ADDRESS
.....
.....

POST CODE

TELEPHONE

Declare that I am chronically sick or disabled by reason of (please give a full and specific description of your condition)

.....
.....
.....

And that I am receiving from: Talarmade Ltd. Springwood House, Foxwood Way, Foxwood Industrial Estate, Chesterfield, S41 9RN the following goods which are being supplied for me for my domestic and personal use.

Description of the goods:

.....
.....
.....

And I claim relief from value added tax under group 14 of Schedule 5 to the VALUE ADDED TAX ACT 1983. Please Note: In the case of goods being supplied to a child the parent/guardian may complete this form on behalf of the child but must state PARENT or GUARDIAN below.

Signed.....

PARENT or GUARDIAN (delete if not applicable).

Date.....

For more information:

Email: info@talarMade.com Tel: +44 (0)1246 268456

TalarMade Ltd. Springwood House, Foxwood Way, Foxwood Industrial Park, Chesterfield, Derbyshire, United Kingdom S41 9RN

 **TalarMade**
Made with clinical excellence in mind