

## Value Added Tax Relief

### Eligibility Declaration by a Disabled Person

Please complete and return to Adaptawear, 14 Murray Place, Stonehaven, AB39 2GG.

This form will be signed by us and kept with your order. We are required to ask you to complete a form every time you claim VAT Relief.

Please note: there are penalties for making false declarations.

#### **Customer**

I (full name) .....

of (address) .....

.....

Phone Number.....

#### **declare that:**

I am (or the person on whose behalf I am signing) is chronically sick or has a disabling condition.

**Please state the condition** .....

and, that I am receiving items from Adaptawear which are for personal and domestic use only.

**Name of recipient (if different)**.....

I claim that the supply of these goods is eligible for relief from VAT under the VAT Act 1994.

**Signature**.....

**Date**.....

#### **Supplier**

I (full name) .....

I am supplying to the person named above with goods that are for personal or domestic use only.

**Signature**.....

**Date**.....