

DECLARATION FOR ZERO RATING

Please note there are penalties for making false declarations

If you are in any doubt about your own eligibility or the eligibility of the goods and services you are buying, you should get advice from your local VAT office.

I (full Name)

of (address)

.....

Tel. No.

declare that:

I am chronically sick or have a disabling condition by reason of (full description of condition):

.....

.....

.....

I am receiving from Henleys Medical Supplies Ltd the following goods which are being supplied to me for domestic or my personal use:

.....

.....

and I claim relief from value added tax.

Signature:

Date:

If signing on behalf of the patient, please state the capacity in which you sign (i.e. parent, guardian etc) and full name and address

Capacity in which signed:

Name

Address

.....

.....

For Internal Use: Authorised by: