

Disability VAT Relief Form



10.1 Eligibility declaration by a disabled person - Notice 701/7 VAT Reliefs for disabled people

If you are in any doubt as to whether you are eligible to receive goods or services at Zero-rated VAT you should consult Notice 701/7 VAT reliefs for disabled people or contact our HMRC National Advice Service on 0300 123 1073 before signing this declaration.

Unit 15, Westside Business Park
Estate Road 2
Grimsby
DN31 2TG

If completing this form on behalf of someone else i.e., you are a parent, carer or relative, please fill out correct details for the person who is VAT exempt, the order must also be completed under the name of person who is VAT Exempt to match this form.

Internet Order Number: _____ **Address:** _____

Postcode: _____

I (Full name) _____ **Declare that I am chronically sick or have a disabling condition by reason of:**

(Please use below box, please give full and specific description of your condition)

I am receiving goods from: ShowersToYou LTD, Unit 15, Westside Business Park, Estate Road 2, Grimsby, DN31 2TG. The goods being supplied to me are for Domestic/my personal use to adapt my home to suit my condition.

***All information listed above is required to complete this form, by completing this form I agree that all information supplied is true at the time of completion, to the best of my knowledge. ***

Signature: _____ **Date:** _____

Please return this completed form via post to the address listed, or via e-mail to Info@showerstoyou.co.uk

Supplier Usage Only

ShowersToYou LTD, Unit 15, Westside Business Park, Estate Road 2, Grimsby, DN31 2TG is supplying goods to the person named above.

Signature: _____ **Date:** _____