

## IMPORTANT NOTICE - VAT RELIEF

Please note that it is only necessary to complete one declaration form. If you wish to buy other VAT exempt items, you may do so without submitting a form for each one.

### **Burton Mobilty**

Unit 19 Roman Way, Gateway Park,  
South Hykeham, Lincoln, Lincolnshire LN6 9UH  
tel: 01522-509781 email: [burtonmobility@btconnect.com](mailto:burtonmobility@btconnect.com)

I (claimant's full name)

.....

Of (claimant's address):

.....

.....

.....

Daytime telephone number:

.....

Email address:

.....

Declare that I am chronically sick or disabled by the condition of (please specify your medical condition, giving details if appropriate):

.....

.....

.....

.....

And I am receiving goods from:

### **Burton Mobilty**

Unit 19 Roman Way, Gateway Park,  
South Hykeham, Lincoln, Lincolnshire LN6 9UH

These goods are for personal or domestic use. And I hereby claim exemption from Value Added Tax (VAT) under Group 14 of Schedule 5 to the Value Added Tax Act 1983.

Date ..... / ..... / .....

Signed .....

This may be signed by you or on your behalf by a relative, guardian, carer, trustee etc.

Date ..... / ..... / .....

Signed .....

### **Burton Mobilty**

Unit 19 Roman Way, Gateway Park,  
South Hykeham, Lincoln, Lincolnshire LN6 9UH

Please complete this section if you are claiming VAT exemption. Failure to return the signed VAT relief form will result in an additional charge of 20% VAT on some products. Note: there are penalties for making false declarations. If you are in any doubt as to whether you are eligible to receive goods zero rated for VAT, contact the National Advice Service on 0845 010 9000 or consult notice 701/7 VAT Reliefs for disabled people before submitting this form.