



Specialised
Orthotic
Services

VAT EXEMPTION FORM

I DECLARE THAT:

Full name:

Full address:

.....

.....

.....

I declare that the chronically sick or disabled person named on this form is receiving from:

Specialised Orthotic Services Limited
Units I27/I28
Fauld Industrial Park
Tutbury
Near Burton Upon Trent
Staffordshire
DE13 9HS

(Please delete as required)

- a) The goods mentioned below which are being supplied To the above named, person for personal use only.
- b) Services of adapting as described below the goods mentioned to suit my/his/her condition.
- c) Services of repair or maintenance of the goods mentioned below.

Goods or services:

.....

.....

.....

.....

and claim that the supply of these goods or services is eligible for relief from Value Added Tax under group 14 of schedule 4 to the Finance Act 1992

Signature (or on behalf of)

.....

Relief is essentially for equipment and appliances for use by a disabled person.
Ref. VAT leaflet 701/7/81

