

# 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  
Unit 127/128  
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**

**SOS/GM/SEW. 5/7/00**