VAT Reliefs for Disabled People - Eligibility Declaration by a Disabled Person

# Part 1. Supplier

CareFlex Limited

Templer House, King Charles Business Park, Old Newton Road, Heathfield,

Newton Abbot, Devon TQ12 6UT

We are supplying the following goods and/or services to the disabled person named overleaf.

Please tick the appropriate box and give details of the goods and/or services in the space provided:

|  |  |  |
| --- | --- | --- |
|  |  | Insert details |
|  | Goods which are being supplied for the customer’s personal use | Specialist Seating and Accessories.  Adaptation of our goods where necessary.  Delivery and setup of Specialist Seating and Accessories, Repairs and Maintenance of our products. |
|  | Services of adapting goods to suit the needs of the customer |
|  | Services of installation, repair or maintenance |
|  | Alterations to a private residence |
|  | Monitoring a personal alarm call system for the personal use of the disabled person |

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| Signed For and on behalf of CareFlex Limited |

# Part 2. Customer's declaration

**Note to customer**

You should complete this declaration if you are ‘chronically sick or disabled’ and the goods or services are for your own personal or domestic use. A family member or carer can complete this on your behalf if you wish.

You can find out more from the [Helpsheets on the GOV.UK website](https://www.gov.uk/government/collections/vat-reliefs-for-charities-disabled-and-older-people) or by telephoning the VAT Disabled Reliefs Helpline on Telephone: 0300 123 1073. HMRC staff cannot advise whether or not an individual is chronically sick or disabled.

A person is ‘chronically sick or disabled’ if he or she is a person:

* with a physical or mental impairment which has a long term and substantial adverse effect upon his or her ability to carry out everyday activities
* with a condition which the medical profession treats as a chronic sickness

It does not include an elderly person who is not disabled or chronically sick or any person who is only temporarily disabled or incapacitated, such as with a broken limb.

If you are unsure, you should seek guidance from your GP or other medical professional.

Please give this completed form back to the supplier. They will keep it with their VAT records. Please do not send it to HMRC.

I (full name) ……………………………………………………………………………………………………………. of (address) ……………………………………………………………………………………………………………

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………………………………………………………………………………………………………….. declare that I have the following disability or chronic sickness

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I am receiving the goods and/or services detailed overleaf, which are being supplied to me for domestic or my personal use and I claim relief from VAT.

**Please Supply Quote Ref or Order Number** …………………………………………………………………………

Date…………………………………………..

Signed …………………………………………………………………………