



VAT ELIGIBILITY DECLARATION BY AN INDIVIDUAL
GOODS AND SERVICES FOR DISABLED PERSONS:

I, (full name)

of, (address)

.....

.....

Postcode

Telephone

E-mail

declare that I am, or I am signing on behalf of as parent or guardian, an eligible person to claim relief from value added tax under Group 14 of the Zero Rate Schedule of the VAT Act 1983.

declare that the eligible person is chronically sick or disabled by reason of:
(give a description of your condition)

.....

.....

and is receiving from Visual-q Ltd, the following goods which are being supplied for domestic or my personal use: (description of the goods)

.....

.....

Signature

Date

NOTE TO CUSTOMER

If you are in any doubt as to whether you are eligible to receive goods or services zero-rated for VAT you should consult your local VAT office before signing the declaration.

Please return completed form to:

Visual-q Ltd
The Corner House
Willow Walk
Englefield Green
Surrey
TW20 0DQ