

Eligibility declaration by a disabled person

Please note there are penalties for making false declarations

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 Notice 701/7 VAT reliefs for disabled people or contact the National Advice Service on 0845 010 9000 before signing the declaration.

I (full name)

of (address)

.....

declare that:

- ☺ I am chronically sick or have a disabling condition by reason of: (give full and specific description of your condition); and that

- ☺ I am receiving from: (name and address of supplier)
 - * the following goods which are being supplied to me for domestic or my personal use: (description of goods)

 - * the following services to adapt goods to suit my condition: (description of services and goods)

 - * the following services of installation, repair or maintenance of goods: (description of services and goods)

 - * the following alterations to my private residence: (description of alteration)

 - * the services of monitoring a personal alarm call system

and I claim relief from value added tax.

..... (Signature)

..... (Date)

PLEASE Sign and date

Return this form together with your order to:
Harmony Medical Distribution Limited
629 High Road Leytonstone, London E11 4PA, GB.
Email: orders@harmonymedical.co.uk
Tel: 020 85187337, Fax: 020 8556 5036

How to use this form:

If you are placing your **order online**, you must email us or call us immediately informing us of your intension, so that we can put your order on hold and waiting for your form to reach us. If you failed to do so, your order will be processed and an VAT receipt issued, we will not be able to refund of your VAT.

Placing your order with **off-line** option, print your order and return this form together with your remittance by filling in your credit card details.