



**VAT RELIEF FOR PEOPLE WITH DISABILITIES  
GOODS AND SERVICES FOR DISABLED PERSONS ELIGIBILITY DECLARATION BY AN  
INDIVIDUAL**

I (full name)

.....

of (address)

.....

.....

**declare that I am chronically sick or disabled by reason of (give full and specific  
description or your condition)**

.....

**and I am receiving the following goods which are being supplied to me for  
domestic or my personal use (description of goods)**

.....

**and I claim relief from value added tax under Group 12 of Schedule 8 to the  
Value Added Tax Act 1994.**

[Signature] .....

[Date] .....

**IMPORTANT NOTES**

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. Warning: Section 72(3) of the VAT Act 1994 provides for severe penalties for anyone who makes use of a document which they know to be false for the purpose of obtaining VAT relief.

**NB:** If the goods are for a child or a person who cannot write, the signature of a parent, guardian or doctor is acceptable. Please indicate the relationship of the signatory to the person with disabilities.

**Goods supplied by**

BobatM Ltd, t/a Bobat Pharmacy 92 Tangier Road, Copnor, Portsmouth PO3 6HU