

VAT Exemption Certificate : SUPPLY TO AN INDIVIDUAL

**A - GOODS AND SERVICES FOR DISABLED PERSONS, ELIGIBILITY
DECLARAION BY AN INDIVIDUAL ANNEX D (Taken from VAT notice
701/7/94 VAT Relief's for People with Disabilities**

I(FULL NAME)

OF (ADDRESS)

.....

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

.....
and that I am receiving from: THERAPLAY Ltd, 32 Welbeck Road, Darnley Industrial Estate, Glasgow, G53 7SD the following goods which are being supplied to me for my domestic or my personal

Description of goods:

And I claim that the supply of these goods or services is eligible for relief from Value Added Tax under Group 14 of Schedule 5 of the VALUE ADDED TAX ACT 1983. Please note: In the case of goods being supplied to a child the parent/guardian may complete this form on the behalf of the child but must state **PARENT** or **GUARDIAN** below.

SIGNATURE:
PARENT/GUARDIAN (Delete in not applicable)

DATE:

Theraplay Ltd