



**VAT Exemption Form (UK Residents Only)**

**Eligibility declaration by an individual**

I, ..... (Applicants Full Name)  
of .....(Address)  
.....  
.....

Declare I am chronically sick or disabled by reason of  
.....  
(give full and specific description of your condition)

And that I am receiving from:  
Thistle Sleep Solutions Ltd  
Clyde Offices  
48 West George Street  
Glasgow  
G2 1BP

A: The goods mentioned below which are being supplied for my domestic or personal use.  
B: Service or repair or maintenance of the goods mentioned below.

Description of goods.....

I hereby declare that the goods to which this order relates are being purchased from the funds of a chronically sick or disabled person, and I can claim relief from Value Added Tax under group 14 of schedule 5 to the Value Added Tax Act 1983.

Signature.....(\*applicant, parent, guardian or doctor)

Name in block capitals.....

Date.....

**Please note:** 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 this declaration.