

Eligibility Declaration By A Disabled Person

Please note there are penalties for making false declarations.

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 available at www.hmrc.gov.uk or contact the National Advice Service on 0300 200 3700 before signing the declaration.

Please complete this form in full.

I (full name) _____

Of (address) _____

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

and that I am receiving from:

Alpha Clinics, Clayton House, Fort St, Blackburn, Lancashire, BB1 5NS

And the following goods which are being supplied to me for domestic or my personal use (please give the product

title of the item [and order number if you have one]): _____

and I claim relief from value added tax.

(Signature) _____

(Date) _____

Please return your completed form by post to Alpha Clinics, 57 St Stephens Road, Blackburn, Lancashire, BB1 5NS

PLEASE NOTE WE WILL BE UNABLE TO PROCESS YOUR REFUND IF WE CANNOT MATCH YOUR APPLICATION TO AN ORDER. PLEASE SUPPLY THE FOLLOWING INFORMATION TO ASSIST IN THIS PROCESS:
Name used for order: _____

Order number: _____

We may need to contact you if we have any issues with this refund. Please supply contact details below:

Phone: -----

Email: -----
