

Disability VAT Relief Form



Westside
bathrooms

10.1 Eligibility declaration by a disabled person - Notice 701/7 VAT Reliefs for disabled people

If you are in any doubt as to whether you are eligible to receive goods or services at Zero-rated VAT you should consult Notice 701/7 VAT reliefs for disabled people or contact our HMRC National Advice Service on 0300 123 1073 before signing this declaration.

**34 – 40 Albert Street West
Grimsby
North East Lincolnshire
DN33 7SJ**

If completing this form on behalf of someone else i.e., you are a parent, carer or relative, please fill out correct details for the person who is VAT exempt, the order must also be completed under the name of person who is VAT Exempt to match this form.

Internet Order Number: _____ **Address:** _____

Postcode: _____

I (Full name) _____ **Declare that I am chronically sick or have a disabling condition by reason of:**

(Please use below box, please give full and specific description of your condition)

I am receiving goods from: Westside Bathrooms LTD, 34 - 40 Albert Street West, Grimsby, North East Lincolnshire, DN32 7SJ. The goods being supplied to me are for Domestic/my personal use to adapt my home to suit my condition.

***All information listed above is required to complete this form, by completing this form I agree that all information supplied is true at the time of completion, to the best of my knowledge. ***

Signature: _____

Date: _____

Please return this completed form via post to the address listed, or e-mail to info@westsidebathrooms.co.uk

Supplier Usage Only

Westside Bathrooms LTD, 34 - 40 Albert Street West, Grimsby, North East Lincolnshire, DN32 7SJ is supplying goods to the person named above.

Signature: _____

Date: _____