

Contact:
User:
Unit Ref:

VAT Exemption Certificate

If a patient is on a complicated pill regime or has to take medication at prescribed times and there are physical or mental disabilities which could prevent the patient from taking the prescribed medication then VAT exemption may be claimed. This declaration must be completed by the patient, carer or Charity making the dispenser available for the use of disabled persons.

Please complete 1 2 3 7 and then either 4 or 5 or 6

ELIGIBILITY DECLARATION BY A DISABLED PERSON/CARER/CHARITY

1. I (full name of user)

2. Of (user's address)
.....
.....

3. Declare that I am chronically sick or have a disabling condition by reason of:
(give full and specific description of the condition of person using dispenser) :-

Please complete:

And that I am receiving the following goods which are being supplied to me for domestic or my personal use, or (in the case of purchase by charities) for supply to disabled persons:-

PIVOTELL AUTOMATIC PILL DISPENSER AND ACCESSORIES

And I claim relief from value added tax.

4. Signed by userPrint Name

OR signed by relative or carer.

5.Print Name.....

State relationship to patient

OR signed on behalf of Charity.

6. Print Name

6a Charity No.

7 Date

Note to customer: If you are in any doubt as to whether you are eligible to receive goods or services zero-rated for VAT you should contact your local VAT office before signing the declaration.

Warning: Section 39.2 of the VAT Act 1983 provides for severe penalties for anyone who makes use of documents which they know to be false for the purposes of obtaining VAT relief.

Return your completed VAT Exemption to Pivotell Ltd by
Fax 01799 550838 / Email office@pivotell.co.uk
Post: PO Box 108, Saffron Walden, Essex CB11 4WX