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VAT EXEMPTION ELIGIBILITY DECLARATION BY AN INDIVIDUAL

| I (Full Name) |
|---|
| Of (Address with Postcode) |
| |
| Declare that I have the following disability or chronic sickness |
| |
| I am receiving from MoreAble Ltd, the goods and/or services detailed below |
| A. The following goods which are being supplied to me for my personal use: Please indicate product type (i.e. shower chair/hoist, etc.): |
| B. The following service of repair or maintenance of goods: Please indicate product type (i.e. shower chair/hoist, etc.): |
| C. The service of installation of goods: Please indicate product type (i.e. ceiling hoist, etc.): |
| (Please complete/delete the above as necessary) which are being supplied to me for domestic or my personal use and I claim relief from Value Added Tax. |
| Signed: Date: |