



Purchase by an eligible body of an ambulance or welfare vehicle

Part 1 To be completed by the purchaser

Full name

Input fields for full name

Status in the organisation

Input fields for status in the organisation

Name and address of the organisation

Input fields for name and address of the organisation

Type of organisation (put 'X' in one box)

- List of organisation types with checkboxes: Health authority or special health authority in England or Wales, Health Board in Scotland, Health and Social Services Board in Northern Ireland, Hospital whose activities are not carried on for profit, Research institution whose activities are not carried on for profit, Charitable institution providing care or medical or surgical treatment for disabled people, Common Services Agency for the Scottish Health Service, Northern Ireland Central Services Agency for Health and Social Services, Isle of Man Health Services Board, Charitable institution providing rescue or first aid services, National Health Service trust established under Part I of the National Health Service and Community Care Act 1990 or the National Health Service (Scotland) Act 1978

Is the named organisation (put 'X' in one box)

- Buying []
Hiring []

Provide their details below.

Name and address of supplier

Input fields for name and address of supplier

Description of goods or services (put 'X' in one box)

- Ambulance []
Parts or accessories for use with an ambulance []

Vehicle permanently adapted to carry one or more disabled people in a wheelchair, for vehicles with:

- Up to 16 seats
1 or more wheelchair spaces and a fitted ramp to provide access for a wheelchair or an electric or hydraulic lift []
17 to 26 seats
2 or more wheelchair spaces and an electric or hydraulic lift []
27 to 36 seats
3 or more wheelchair spaces and an electric or hydraulic lift []
37 to 46 seats
4 or more wheelchair spaces and an electric or hydraulic lift []
47 to 50 seats
5 or more wheelchair spaces and an electric or hydraulic lift []

Make of vehicle

Input field for make of vehicle

Chassis number

Input field for chassis number

Registration number

Input field for registration number

- Repairs or maintenance of the vehicle above []

Part 1 continued

Declaration

I have read the guidance in Charity funded equipment for medical and veterinary uses (VAT Notice 701/6) and apply for zero rating of the supply under Group 15, items 5 or 6 of the zero rate Schedule to the VAT Act 1994.

The above organisation is paying for this supply with funds provided entirely by a charity or from voluntary contributions.

I understand it is the supplier's responsibility to make sure that the goods or services supplied are eligible before zero rating them.

I declare that the information on this form is correct.

Signature

Date DD MM YYYY

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Part 2 To be completed by the supplier

Declaration

I have read the guidance in Charity funded equipment for medical and veterinary uses (VAT Notice 701/6) and agree that the vehicle or repair services supplied come within the description stated above.

Signature

Date DD MM YYYY

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Any other information

For example, any steps taken to verify the information on this form.

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