



Purchase of an unadapted motor vehicle for donation to an eligible body

Part 1 To be completed by the purchaser

Full name

Input field for full name

Status in the organisation

Input field for status in the organisation

Name and address of the organisation

Form with fields for Name, Address, and Postcode

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

The organisation must provide care for blind, deaf, disabled or terminally ill people.

- 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, 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 and Hiring checkboxes

Provide their details below.

Form with fields for Name, Address, and Postcode

Vehicle details

The vehicle must have between 7 to 50 seats.

Make of vehicle

Input field for make of vehicle

Chassis number

Input field for chassis number

Registration number

Input field for registration number

The vehicle will be used to transport (put 'X' in one box)

- List of transport categories with checkboxes: Blind people, Deaf people, Disabled people, People with a learning disability, Terminally ill people

Name and address of who the goods are being donated to

Form with fields for Name, Address, and Postcode

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, item 4 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

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

Any other information

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