



About this form

Please print off this form and complete with the details of each adapted motor vehicle that you supply at the zero-rate of VAT. A copy of this form should be sent to HM Revenue and Customs no later than 12 months from the date of your supply (address at end of this form) together with a copy of your customer's Eligibility Declaration. Further information about this VAT relief can be found in Notice 1002: adapted motor vehicles for disabled people and charities.

About the supplier

Name of supplier
Address of supplier
Postcode

About the adapted motor vehicle

Make of vehicle supplied. For example, Volkswagen, Nissan
Model of vehicle supplied. For example, Touran SE 2.0 tdi
Registration number of vehicle supplied
Date vehicle supplied DD MM YYYY
Details of the adaptation undertaken to make the vehicle suitable for use by the wheelchair user including what parts were needed and how they were attached to the vehicle

Dealership/finance house information

Are you a motor dealership or a finance house?
Motor dealership Finance house
Does the dealership/finance house have a VAT registration number?
No Yes
If 'Yes' enter your VAT registration number
This is a 9 digit number like 123 4567 89. You can find this on your VAT certificate or within your VAT online account

About the wheelchair user

First name(s) including title
Surname

About payment, vehicle tax and registered keeper

Total price paid by the customer for parts and labour to adapt the vehicle

£ •

Total vehicle selling price (including costs for adaptation, Vehicle Excise Duty (VED) and delivery)

£ •

Have there been any third party payments made towards the purchase price of the vehicle?

No Yes If 'Yes' give details below

Include details of any payment or deposit made other than by the disabled wheelchair user or their nominated representative (details of loans from finance companies or grants from funding bodies such as charities or local authorities are not required).

Amount of third party payment

£ •

Relationship between third party payer and the wheelchair user

Name of third party

Address of third party

Postcode

Amount of VED paid including 'nil'

£ •

Who is the registered keeper of this vehicle as shown on the V5C?

The disabled wheelchair user named in this declaration

The disabled wheelchair user's nominated representative named in the customer declaration

About payment, vehicle tax and registered keeper *continued*

Other - give details below

Relationship between registered keeper and the wheelchair user

Name of registered keeper

Address of registered keeper

Postcode

Supplier's declaration

I am/we are supplying a vehicle that has been permanently and substantially adapted and the wheelchair user (or their nominated representative) has confirmed that the vehicle is for the wheelchair user's personal use

I confirm that the information that I have provided is accurate and complete and I understand that I may be liable to a penalty for providing inaccurate information

Signature for and on behalf of the supplier

Date DD MM YYYY

What to do now

Please send this completed form together with a copy of the customer Eligibility Declaration to:

Charities, Savings & International 2
 HM Revenue and Customs
 BX9 1BU