

Certificate B

**PURCHASE BY AN ELIGIBLE BODY OF AN AMBULANCE OR WELFARE VEHICLE**

PART 1 - to be completed by the purchaser

[tick boxes ☒ as appropriate]

I ..... (full name)  
..... (status in organisation)  
of ..... (name and address of  
..... organisation)

which is:

- a Health Authority or Special Health Authority in England or Wales ☐  
a Health Board in Scotland ☐  
a Health and Social Services Board in Northern Ireland ☐  
a hospital whose activities are not carried on for profit ☐  
a research institution whose activities are not carried on for profit ☐  
a charitable institution providing care or medical or surgical treatment ☐  
for handicapped persons  
the Common Services Agency for the Scottish Health Service ☐  
the Northern Ireland Central Services Agency for Health & Social ☐  
Services  
the Isle of Man Health Services Board ☐  
a charitable institution providing rescue or first-aid services ☐  
a 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

declare that the above named organisation is buying ☐ or hiring ☐  
from:

..... (name and address of  
..... supplier)

the following ambulance ☐

parts or accessories for use with an ambulance ☐

the following vehicle permanently adapted to carry one or more disabled  
persons in a wheelchair with:

for vehicles with

- |                |   |                          |
|----------------|---|--------------------------|
| up to 16 seats | 1 or more wheelchair spaces and a fitted ramp to provide access for wheelchair or an electric or hydraulic lift | <input type="checkbox"/> |
| 17 to 26 seats | 2 or more wheelchair spaces <b>and</b> an electric or hydraulic lift  | <input type="checkbox"/> |

27 to 36 seats	3 or more wheelchair spaces <b>and</b> an electric or hydraulic lift	<input type="checkbox"/>
37 to 46 seats	4 or more wheelchair spaces <b>and</b> an electric or hydraulic lift	<input type="checkbox"/>
47 to 50 seats	5 or more wheelchair spaces <b>and</b> an electric or hydraulic lift	

..... (make of vehicle)

..... (chassis no.)

..... (registration mark)  
☐

repairs or maintenance of the vehicle indicated above

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

I have read the guidance in the Customs and Excise 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.

.....(signature and date)

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**The production of this certificate does not authorise the zero-rating of the supply. It is the suppliers responsibility to ensure that the goods/services supplied are eligible before zero-rating them.**

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**PART 2** - for use by the supplier

I have read the guidance in Customs and Excise VAT Notice 701/6 and agree that the vehicle/repair services supplied come within the description indicated above.

.....(signature and date)

**Notes** (eg any steps taken to verify the declared particulars)

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