

**Certificate H**

## PURCHASE FOR *DONATION* TO 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)

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)

for donation to ..... (name and address

..... of recipient)

.....

.....

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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 ☐

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, item 4 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 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 supplied comes within the description indicated above.

.....(signature and date)

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