

**Certificate M**

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

**PART 1** - to be completed by the importer

[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 importing

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<br>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<br>lift                                            | <input type="checkbox"/> |
| 27 to 36 seats | 3 or more wheelchair spaces <b>and</b> an electric or hydraulic<br>lift                                            |                          |

37 to 46 seats lift	4 or more wheelchair spaces <b>and</b> an electric or hydraulic lift
47 to 50 seats	5 or more wheelchair spaces <b>and</b> an electric or hydraulic lift



.....(make of vehicle)  
.....(chassis no.)  
.....(registration mark)

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 5 of the zero-rate Schedule to the VAT Act 1994.

.....(signature and date)

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**PART 2** - for use by Customs and Excise

(**Note** any steps taken to verify the declared particulars)