



Purchase of an unadapted motor vehicle

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

Input fields for name and address of the organisation

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

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

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 or 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

Hiring

Provide their details below.

Name and address of supplier

Input fields for name and address of supplier

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)

Blind people

Deaf people

Disabled people

People with a learning disability

Terminally ill people

Or for

Repairs or maintenance of the vehicle above

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, items 5 or 6 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.

| |
|--|
| |
| |
| |
| |
| |