



**Purchase by an eligible body of computer software for use in
medical research, diagnosis or treatment**

Part 1 To be completed by the purchaser

Full name

Status in the organisation

Name and address of the organisation

Name
Address
Postcode

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

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

Name
Address
Postcode

Description of computer services or software

Will the computer software be used in (put 'X' in one box)

Medical research

Medical diagnosis

Medical treatment

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 services or software supplied are eligible before zero rating them.

I declare that the information on this form is correct.

Signature

Date DD MM YYYY

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

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 services or software supplied come within the description stated above.

Signature

Date DD MM YYYY

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Any other information

For example, any steps taken to verify the information on this form.

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>