



Purchase for donation to an eligible body of medical or scientific equipment

Part 1 To be completed by the purchaser

Full name

Form fields for full name

Status in the organisation

Form fields for status in the organisation

Name and address of the organisation

Form fields for name and address of the organisation

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

- List of organisation types with checkboxes: 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

Name and address of who you're buying from

Form fields for name and address of who you're buying from

Description of goods

Form fields for description of goods

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

- List of equipment types with checkboxes: Medical, Scientific, Computer, Video, Sterilising, Scientific, Laboratory, Refrigeration, Parts or accessories of the equipment

Name and address of who the goods are being donated to

Form fields for name and address of who the goods are being donated to

**Part 1** continued

**Will the goods be used in** (put 'X' in one box)

- Medical research
- Medical training
- Medical diagnosis
- Medical treatment
- Veterinary research
- Veterinary training
- Veterinary diagnosis
- Veterinary treatment

**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 supplied are eligible before zero rating them.

I declare that the information on this form is correct.

**Signature**

**Date** DD MM YYYY

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**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 goods supplied come within the:

- Category stated above
- Other eligible category  give details below

**Description of equipment**

**Signature**

**Date** DD MM YYYY

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**Any other information**

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