

Certificate I

Purchase for donation to an eligible body of goods of a kind described in item 2 of group 12 (for disabled people)

Part 1 To be completed by the purchaser	Name and address of who you're buying from
Full name	Name
	Address
Status in the organisation	Postcode
	Description of goods
	Goods must be of a kind described in the VAT Act 1994,
Name and address of the organisation	Schedule 8, Group 12, item 2.
Name	
Address	
Postcode	
Type of organisation (put 'X' in one box)	Name and address of who the goods are being donated to
Health authority or special health authority	Name
in England or Wales	Address
Health Board in Scotland	
Health and Social Services Board in Northern Ireland	Postcode
Hospital whose activities are not carried on for profit	
nospital whose activities are not carried on for profit	Will the goods be used in (put 'X' in one box)
Research institution whose activities are not	Medical research
carried on for profit	Wedical research
Charitable institution providing care or medical or	Medical training
surgical treatment for disabled people	Medical diagnosis
Common Services Agency for the Scottish	
Health Service	Medical treatment
Northern Ireland Central Services Agency for	Veterinary research
Northern Ireland Central Services Agency for Health and Social Services	
	Veterinary training
Isle of Man Health Services Board	Veterinary diagnosis
Charitable institution providing rescue or	
first aid services	Veterinary treatment
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	

Part 1 continued Part 2 To be completed by the supplier **Declaration Declaration** I have read the guidance in Charity funded equipment for I have read the guidance in Charity funded equipment for medical and veterinary uses (VAT Notice 701/6) and Reliefs medical and veterinary uses (VAT Notice 701/6) and agree from VAT for disabled and older people (VAT Notice 701/7), that the goods supplied come within the: and apply for zero rating of the supply under Group 15, item 4 of the zero rate Schedule to the VAT Act 1994. Category stated above The above organisation is paying for this supply with funds Other eligible category give details below provided entirely by a charity or from voluntary contributions. I understand it is the supplier's responsibility to make sure that the **Description of equipment** goods or services supplied are eligible before zero rating them. I declare that the information on this form is correct. Signature Signature Date DD MM YYYY Date DD MM YYYY Any other information For example, any steps taken to verify the information on this form.