

Certificate M

Importation by an eligible body of an ambulance or welfare vehicle

Part 1 To be completed by the importer	Description of goods or services (put 'X' in one box)
Full name	Ambulance
	Parts or accessories for use with an ambulance
Status in the organisation	Vehicle details
Cutto in the organisation	The vehicle must have between 7 to 50 seats.
	Make of vehicle
Name and address of the organisation	
Name	Chassis number
Address	
	Registration number
Postcode	
Type of organisation (put 'X' in one box)	Up to 16 seats 1 or more wheelchair spaces and a fitted ramp to provide
Health authority or special health authority in England or Wales	access for a wheelchair or an electric or hydraulic lift
Health Board in Scotland	17 to 26 seats 2 or more wheelchair spaces and an electric or
Health and Social Services Board in Northern Ireland	hydraulic lift
Hospital whose activities are not carried on for profit	27 to 36 seats 3 or more wheelchair spaces and an electric or
Research institution whose activities are not carried on for profit	hydraulic lift
Charitable in stitution manifolian and madical an	37 to 46 seats
Charitable institution providing care, medical or surgical treatment for disabled people	4 or more wheelchair spaces and an electric or hydraulic lift
Common Services Agency for the Scottish Health Service	47 to 50 seats 4 or more wheelchair spaces and an electric or
Northern Ireland Central Services Agency for Health and Social Services	hydraulic lift
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	

Part 1 continued Part 2 For use by HM Revenue and Customs **Declaration** Any other information For example, any steps taken to verify the information on this form. 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, item 5 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