



Importation of an unadapted motor vehicle

Part 1 To be completed by the importer

Full name

Two empty text boxes for full name

Status in the organisation

Two empty text boxes for status in the organisation

Name and address of the organisation

Form with fields for Name, Address, and Postcode

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, 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

Vehicle details

The vehicle must have between 7 to 50 seats.

Make of vehicle

Empty text box for make of vehicle

Chassis number

Empty text box for chassis number

Registration number

Empty text box 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

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, item 5 the zero rate Schedule to the VAT Act 1994.

I declare the above organisation is importing the vehicle named above.

The above organisation is paying for this supply with funds provided entirely by a charity or from voluntary contributions.

I declare that the information on this form is correct.

Signature

Empty text box for signature

Date DD MM YYYY

Grid of boxes for date entry

Part 2 For use by HM Revenue and Customs

Any other information

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