



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

Part 1 To be completed by the importer

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

Description of goods being imported

Form fields for description of goods being imported

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

- Medical
Scientific
Computer
Video
Sterilising
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 donor

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 firstaid 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

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, item 4 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 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"/>
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Part 2 For HM Revenue and Customs use

Any other information

For example, any steps taken to verify the declared particulars.
