



Importation for donation to an eligible body of an ambulance or welfare 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

Description of goods or services (put 'X' in one box)

Ambulance

Parts or accessories for use with an ambulance

Vehicle permanently adapted to carry one or more disabled people in a wheelchair, for vehicles with:

Up to 16 seats  
1 or more wheelchair spaces and a fitted ramp to provide access for a wheelchair or an electric or hydraulic lift

17 to 26 seats  
2 or more wheelchair spaces and an electric or hydraulic lift

27 to 36 seats  
3 or more wheelchair spaces and an electric or hydraulic lift

37 to 46 seats  
4 or more wheelchair spaces and an electric or hydraulic lift

47 to 50 seats  
5 or more wheelchair spaces and an electric or hydraulic lift

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

Name and address of who the goods are being donated to

Form with fields for Name, Address, and Postcode

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

**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**

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**Date** DD MM YYYY

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**Part 2 For HM Revenue and Customs use**

**Any other information**

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