



Importation 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 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

Name and address of who you're buying from

Form with fields for Name, Address, and Postcode

Description of goods

Goods must be of a kind described in the VAT Act 1994, Schedule 8, Group 12, item 2.

Five empty text boxes for description of goods

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)

- List of 10 organisation types with checkboxes: 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 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

Declaration

I have read the guidance in Charity funded equipment for medical and veterinary uses (VAT Notice 701/6 and VAT Notice 701/7) 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.
