



Importation of an unadapted motor vehicle for donation to an eligible body

Part 1 To be completed by the importer

Full name

Input fields for full name

Status in the organisation

Input field for status in the organisation

Name and address of the organisation

Input fields for name and address of the organisation

Vehicle details

The vehicle must have between 7 to 50 seats.

Make of vehicle

Input field for make of vehicle

Chassis number

Input field for chassis number

Registration number

Input field 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

Name and address of who the goods are being donated to

Input fields for name and address of donor

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 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 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 declared particulars.
