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DECLARATION

I am chronically sick or disabled by reason of: (give full and specific description of your condition)

and I am receiving from the above named supplier the goods on this Order Form, which are being supplied for my personal or domestic use. I claim that the supply of these goods is eligible for relief from VAT under Group 14 of Schedule 5 to the Value Added Tax Act 1983

Note: If you are in any doubt as to your eligibility to receive goods or services zero-rated for VAT you should consult your local VAT office before signing the declaration

Signature of user of goods..... Date.....

Name and Address of User of Goods on this order form - please print in block capitals.

Name _____

Address _____

Tel No. _____

GOODS ORDERED

Description	Unit Cost	Quantity	Price
Total:			