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VAT Declaration

For you (or the person for whom you are purchasing the products on behalf of) to qualify for VAT relief you must complete the section below.

I (Full name of the person who will use the products)
Of (Address)
Post Code:
I declare that I am chronically sick or disabled because I have:
I am receiving from DeNovo Healthcare Ltd, products which are to be used for domestic or my personal use. I claim relief from Value Added Tax under Group 12 of Schedule 8 to the Value Added Tax Act 1994.
Signature (if applying for yourself)
Signature (if applying on behalf of someone else)
Date:
By completing this form you guthorise DeNovo Healthcare Ltd to hold your

By completing this form you authorise DeNovo Healthcare Ltd to hold your information on file. This data will be used for VAT accounting purposes only.

