

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

