



Unit 3 & 4  
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## VAT Exemption Form

### Eligibility declaration by a disabled person

I..... (Full name)

Of.....  
..... (Address)

Declare that:

- I am chronically sick or have a disabled condition by reason of:

(Give full and specific description of your condition) and that

- I am receiving from:

**Hospital Direct Marketing Ltd, Unit 3 & 4, The Green, Clun, Craven Arms, Shropshire SY7 8LG**

the following goods which are being supplied to me for domestic or my personal use: (description of services and goods)

- And I claim relief from value added tax.

Signed: .....

Date: .....