VAT EXEMPTION FORM



If you are in any doubt as to whether you are eligible to receive goods or services zero-rated for VAT you should consult Notice 701/7 VAT reliefs for disabled people or contact the National Advice Service on 0845 010 9000 before signing the declaration.

DECLARATION			
l,			(full name in capitals)
of			(full address in capitals)
declare that:	I am chronically s	ick or have a disabling condition	
by reason of:			(give full and specific description of your condition)
and that I am receiving from Etills Ltd goods which are being supplied to me for domestic or my personal use and I claim relief from value added tax.			
Signed:			(if signing on behalf of yourself)
_			(if signing on behalf of someone else)
Date:			
Invoice Number (if known):			
By completing this form you authorise Etills Ltd to hold your information on file. This data will be used for VAT accounting purposes only.			
Please send this	s form to:		
		Etills Ltd,	
		Unit 1, Whiting Way,	
		Melbourn,	
		Royston, SG8 6NA	
VAT Number: 895	5 3143 00	Company Number: 06006123	Email: sales@etills.com