**Care Providers**

**Shirley Pharmacy Ltd**

**175 Shirley Road VAT Registration no:**

**Croydon CR0 8SS 452 2386 57**

**VAT EXEMPTION DECLARATION**

For a chronically sick or disabled by reason of:

(Give full and specific description of your condition)

And receiving from Shirley Pharmacy the goods on this order form, which are being supplied for my personal use. I claim that the supply of the 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 this declaration.

Signature of user of goods / representative Name of person signing

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and address of user of goods on this order form (Please print in block capitals)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Tel No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description Quant. Total

 £