

# VAT Exemption Form for the Disabled

**Goods and Service for Disabled Persons: Eligibility Declaration by an individual.**  
**I declare that I am chronically sick and disabled.** (Please give a full and specific description of your condition)

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..... And that I am receiving from **LPSBathrooms.co.uk** the following goods which are being supplied to me for domestic or personal use (**Description of goods - please enter on the bottom of this form**), and claim relief from value added tax under Group 14 of Schedule 5 to the Value Added Tax Act 1983.

**Signature**.....

**Print name**.....

**Address**:.....

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**Post Code**..... **Telephone No**.....

**Note to customer:** If you are in doubt as to whether you are eligible to receive goods or services zero-rated for VAT, you should consult your local VAT office before signing this declaration.

**WARNING: Section 39.2 of the VAT Act 1983 provides for severe penalties for anyone who makes use of a document which they know to be false for the**

**purposes of obtaining VAT relief.**

**Please print off, sign and return either by e-mail or by post to:**

**Address: LPS Bathrooms**, 1 Shaftesbury Avenue, Simonside Industrial Estate, South Shields NE34 9PE.

Email: [simon@lpsbathrooms.co.uk](mailto:simon@lpsbathrooms.co.uk)

**Description of goods...**