



Incontinence and Mobility  
B.A. Williams Chemists Ltd  
14-15 Albany Parade  
High Street  
Brentford  
Middlesex  
TW8 0JW

VAT No 222 6788 54

## VAT EXEMPTION DECLARATION

I am chronically sick or disabled by reason of: (give full and specific description of your condition)

and I am receiving from the above named supplier of the goods, which are being supplied for my personal or domestic use. I claim that the supply of these goods is eligible for relief from VAT under Group 14 of Schedule 5 to the Value Added Tax Act 1983

Name and Address of User of the Goods - please print in block capitals.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_

Signature of the user of the goods..... Date.....

**Post or Fax this form to 020 8560 4616**