

**GOODS AND SERVICES FOR DISABLED PERSONS:
ELIGIBILITY DECLARATION BY AN INDIVIDUAL**

I (name) _____
(address) _____

Tel: _____

acting as the (name) _____ **Age**
parent/guardian of (address) _____

**who is chronically sick or disabled
by reason of:** _____

**declare that I am receiving for
his/her domestic or personal use
from:** Orchard Farm Ltd
Orchard Farm
Spreyton
Devon
EX17 5AS
VAT Reg. 750 7614 33

the following goods:

**and I claim relief from value added tax under Group 12 of Schedule 8 to
the Value Added Tax Act of 1994**

(Signature) _____ (Date) _____