

**ELIGIBILITY DECLARATION BY A DISABLED PERSON**

PLEASE NOTE: THERE ARE PENALTIES FOR MAKING FALSE DECLARATIONS. THE COMPLETION OF THIS DECLARATION DOES NOT AUTOMATICALLY AUTHORISE THE ZERO-RATING OF GOODS OR SERVICES. IF EXEMPTION IS NOT AUTHORISED AND VAT HAS BEEN DEDUCTED THE CUSTOMER WILL BE RESPONSIBLE FOR REPAYING THE VAT IN FULL.

**CUSTOMER:**

I (full name) .....

Of (address) .....

.....

.....

Declare that\*

- I am chronically sick or have a disabling condition by reason of  
(Please supply proof of your disability by way of Blue Badge or a letter from your GP)
- The adapted vehicle is for my personal use
- I usually use a wheelchair or stretcher to be mobile

*\*Delete words not applicable*

and I claim relief from Value Added Tax.

..... (Signature) ...../...../.....(Date)

---

**SUPPLIER:**

Bugg-Ease Ltd  
Of (address) 18 Dean Park Drive, Drighlington, Bradford, BD11 1AP

Are supplying the following goods or services to the person named above:

**Bugg-ease Lithium 4000 Buggy with swivel chair**

- The Goods being supplied are for Domestic or Personal use
- The Services being supplied are to adapt goods to suit his/her condition

*\*Delete words not applicable*

or the personal use of the disabled person.

.....(Signature) ...../...../.....(Date)

