

ANNEX D Declaration



**Nithsdale Wheelchairs
Unit 181 Heathhall Ind. Est.
Dumfries
Dumfriesshire
DG1 3PH**

I _____
of _____

Post Code _____

declare that I am chronically sick or disabled by reason of
_____ and that I am
receiving from Nithsdale Wheelchairs the following goods:

which are being supplied to me for domestic or my
personal use and I claim relief from value added tax under
Group 14 of Schedule 5 of the Value Added Tax Act 1983.

Please Sign & Return Signature: _____
Many thanks

Date: _____

INVOICE NO.