

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.