

ANNEX D Declaration



Nithsdale Wheelchairs
Mossville, Glasgow Road
Sanquhar
Dumfriesshire
DG4 6BZ

I _____ your name

of _____ your address

Post Code _____

declare that I am chronically sick or disabled by reason of
please enter your medical condition

_____ 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 Complete
Sign & Return
Many thanks

Signature: _____

Date: _____

INVOICE NO.