



**Goods and services for disabled persons: eligibility declaration by an individual.**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Client to complete I declare that I am chronically sick or disabled by reason of:  
*(please give full and specific description of your condition)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return by fax to:  
0161 223 4809**

**Return by post to:  
Medic-Bath  
Company Limited  
Ashfield Works  
Briscoe Lane  
Manchester  
Lancashire  
M40 2XG**

And that I am receiving from Medic-Bath Company Limited  
Ashfield Works  
Briscoe Lane  
PO Box 12  
Newton Heath  
Manchester, M40 2XG

The following goods, which are being supplied to me for my  
domestic/personal use *(description of goods)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following services to adapt goods to suit my condition *(description of services and goods)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following services of installation, repair or maintenance of goods  
*(description of services and goods)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

And I claim from Value Added Tax under Group 14 of Schedule 5  
to the Value Added Tax Act 1983

Signature \_\_\_\_\_

Date \_\_\_\_\_