

DECLARATION FOR VAT RELIEF

(1) Please enter the full name of the person who will use the products being ordered and who is eligible for VAT relief

Please enter the full postal address (including postcode) of the person above:

(2) Please enter the full name of the person who is ordering the products (if different from the person named previously) _____

Please enter the full postal address (including postcode) of the person above:

I/we declare that the person who is named as the user of the product/s being ordered is chronically sick or has a disabling condition (please detail their condition below):

And that I am purchasing the following goods or services from Easy Care Systems Ltd (VAT registration number: 808 1717 32) which are being supplied to me/us for use by the person

named in number (1) above for my/their domestic or personal use.

Details of product/s being ordered:

I hereby claim relief from Value Added Tax (VAT).

Signature

Date _____