

**VAT EXEMPTION FORM**



Supply to an individual:

I (full name): \_\_\_\_\_

Of (Address): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

declare that I am an eligible person under paragraph 1 of the VAT leaflet 701/7/86, that I am suffering from "**Impaired Hearing**" and that I am receiving from

**iHear Ltd**

the following goods which are being supplied to me for my personal use

\_\_\_\_\_

\_\_\_\_\_  
(Description of Goods)

and I claim that the supply of these goods or services is eligible for relief from VAT under Group 14 of the Zero Rate Schedule to the Value Added Tax Act of 1983.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form has been produced in accordance with VAT leaflet: 70/7/86 "Aids for Handicapped Persons"