

**DECLARATION TO CLAIM RELIEF UNDER THE VAT ACT  
1944, SECTION 30 NOTICE 701/7**

**FULL NAME:** .....

**ADDRESS:** .....

**I DECLARE I AM CHRONICALLY SICK OR HAVE A LONG TERM DISABLING CONDITION BY REASON OF: (description below)**

.....

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**I am receiving from Recare the goods mentioned attached, which are being supplied to me for my domestic/personal use.**

**SIGNATURE:** .....

**DATE:** .....

THIS FORM MUST COMPLETED AND RETURNED TO RECARE LTD FOR THE PURPOSES OF VAT. IF THERE IS ANY DOUBT ABOUT YOUR ELIGIBILITY TO RECEIVE GOODS ZERO RATED VAT YOU MUST CONSULT NOTICE 701/7 VAT RELIEFS FOR DISABLED PEOPLE. IF YOU NEED ASSISTANCE WITH THIS, CONTACT THE NATIONAL ADVICE SERVICE ON 084650109000 PRIOR TO SIGNING THE DECLARATION.