

**ZERO-RATE VAT
ELIGIBILITY DECLARATION (INDIVIDUAL)**



**PLEASE COMPLETE SECTIONS MARKED
WITH "X" AND RETURN**

INVOICE NO:

**GOODS AND SERVICES FOR DISABLED PEOPLE ELIGIBILITY
DECLARATION BY AN INDIVIDUAL**

I (FULL NAME)

X

OF (ADDRESS)

X

DECLARE THAT I AM CHRONICALLY SICK OR DISABLED BY REASON
OF: (GIVE A FULL AND SPECIFIC DESCRIPTION OF YOUR
CONDITION)

X

AND I AM RECEIVING FROM OPTELEC LTD (ADDRESS AS BELOW).

(A) THE FOLLOWING GOODS ARE BEING SUPPLIED TO ME FOR
DOMESTIC OR MY PERSONAL USE (DESCRIPTION OF GOODS)

(B) THE FOLLOWING SERVICES TO ADAPT GOODS TO MY
CONDITION (DESCRIPTION OF SERVICES AND GOODS)

(C) THE FOLLOWING SERVICES OF INSTALLATION, REPAIR OR
MAINTENANCE OF GOODS (DESCRIPTION OF SERVICES AND
GOODS)

AND I CLAIM RELIEF FROM VALUE ADDED TAX.

X SIGNATURE:

DATE:

Please return in the Freepost Envelope provided to:

**Optelec Limited, Unit H, Penfold Trading Estate, Imperial Way,
Watford WD24 4YY.**

Tel: 01923 23 13 13

info@optelec.co.uk

optelec.co.uk