

MOTOR VEHICLES - DISABLED PERSON

If you are in any doubt as to whether you are eligible to receive a motor vehicle or services zero-rated for VAT you should consult VAT Notice 701/59 Motor Vehicles for Disabled People or contact the National Advice Service on 0845 010 9000 before signing the declaration.

DECLARATION BY A WHEELCHAIR USER

Full name and address
of the wheelchair user:

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I declare that I usually use a wheelchair to be mobile and I claim relief from value added tax, the adapted vehicle is for my personal use and I am chronically sick or have a disabling condition, the full and specific description of my condition is

.....

Signature..... Date.....

If signing on behalf of the above please state capacity e.g. Parent/Relative/Guardian/Doctor/Carer etc

My relationship is

DECLARATION BY THE MOTOR VEHICLE RENTAL COMPANY

Renters Name *RentaWAV at Jubilee Automotive Group*

Address *Woden Road South
Wednesbury
West Midlands*

Post Code *WS10 0NQ*

We are supplying the following services to the person named above

The rental of an adapted motor vehicle which is being supplied for domestic or personal use

Make/Model of Vehicle

Registration Number.....

Full description of adaptations & installation:

Wheelchair access equipment, chairlift or fold out ramp system, four point wheelchair tie down system, wheelchair passenger lap and diagonal seat belt.

Signature Position Date