

# 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: .....

.....

.....

.....

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 .....