

Part 2 To be completed by the supplier

Declaration

I have read the guidance in Charity funded equipment for medical and veterinary uses (VAT Notice 701/6) and Reliefs from VAT for disabled and older people (VAT Notice 701/7), and agree that the vehicle or repair services supplied come within the:

Category stated above

☐

Other eligible category

☐

give details below

Description of equipment

Signature

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Date DD MM YYYY

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Any other information

For example, any steps taken to verify the information on this form.



HM Revenue
& Customs

Certificate C

**Purchase by an eligible body of goods of a kind described in item 2 of group 12
(for disabled people)**

Part 1 To be completed by the purchaser	
Full name	
<div>RACHAEL EVANS</div>	
Status in the organisation	
<div>CEO</div>	
Name and address of the organisation	
<div>Name CHARCOT THERAPY CENTRE</div>	
<div>Address 71-75 Frampton Road</div>	
<div>GLoucester.</div>	
<div>Postcode GL1 5QB</div>	
Type of organisation (put 'X' in one box)	
Health authority or special health authority in England or Wales	<input type="checkbox"/>
Health Board in Scotland	<input type="checkbox"/>
Health and Social Services Board in Northern Ireland	<input type="checkbox"/>
Hospital whose activities are not carried on for profit	<input type="checkbox"/>
Research institution whose activities are not carried on for profit	<input type="checkbox"/>
Charitable institution providing care or medical or surgical treatment for disabled people	<input checked="" type="checkbox"/>
Common Services Agency for the Scottish Health Service	<input type="checkbox"/>
Northern Ireland Central Services Agency for Health and Social Services	<input type="checkbox"/>
Isle of Man Health Services Board	<input type="checkbox"/>
Charitable institution providing rescue or first aid services	<input type="checkbox"/>
National Health Service trust established under Part I of the National Health Service and Community Care Act 1990 or the National Health Service (Scotland) Act 1978	<input type="checkbox"/>
Is the named organisation (put 'X' in one box)	
Buying	<input checked="" type="checkbox"/>
Hiring	<input type="checkbox"/>
Provide their details below.	
Name and address of supplier	
<div>Name Viamed Ltd.</div>	
<div>Address 15 Station Road</div>	
<div>Cross Hills</div>	
<div>Keighly, West Yorkshire</div>	
<div>Postcode BD20 7DT.</div>	
Description of goods or services	
<div>MAX-550E Oxygen</div>	
<div>Sensor.</div>	
Type of goods (put 'X' in one box)	
Goods of a kind described in the VAT Act 1994, Schedule 8, Group 12, item 2	<input type="checkbox"/>
Repairs or maintenance of the equipment	<input type="checkbox"/>
Declaration	
I have read the guidance in Charity funded equipment for medical and veterinary uses (VAT Notice 701/6) and Reliefs from VAT for disabled and older people (VAT Notice 701/7), and apply for zero rating of the supply under Group 15, items 5 or 6 of the zero rate Schedule to the VAT Act 1994.	
The above organisation is paying for this supply with funds provided entirely by a charity or from voluntary contributions.	
I understand it is the supplier's responsibility to make sure that the goods or services supplied are eligible before zero rating them.	
I declare that the information on this form is correct.	
Signature	
<div>RACHAEL EVANS</div>	
Date DD MM YYYY	
<div>19 11 2025</div>	