



Purchase by an eligible body of medical or scientific equipment

Part 1 To be completed by the purchaser

Full name

Status in the organisation

Name and address of the organisation

Name	BASICS
Address	PO Box 165
	Plymouth
	Devon
Postcode	PL7 9BJ

Type of organisation (put 'X' in one box)

Health authority or special health authority
in England or Wales ☐

Health Board in Scotland ☐

Health and Social Services Board in Northern Ireland ☐

Hospital whose activities are not carried on for profit ☐

Research institution whose activities are not carried
on for profit ☐

Charitable institution providing care or medical or
surgical treatment for disabled people ☐

Common Services Agency for the Scottish
Health Service ☐

Northern Ireland Central Services Agency for
Health and Social Services ☐

Isle of Man Health Services Board ☐

Charitable institution providing rescue or
first aid services ☐

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 ☐

Is the named organisation (put 'X' in one box)

Buying ☐

Hiring ☐

Provide their details below.

Name and address of supplier

Name
Address
Postcode

Description of goods or services

Type of equipment (put 'X' in one box)

Medical ☐

Scientific ☐

Computer ☐

Video ☐

Sterilising ☐

Scientific ☐

Laboratory ☐

Refrigeration ☐

Parts or accessories of the equipment ☐

Repairs or maintenance of the equipment ☐

Part 1 continued**Will the goods be used in** (put 'X' in one box)

Medical research

☐

Medical training

☐

Medical diagnosis

☐

Medical treatment

☐

Veterinary research

☐

Veterinary training

☐

Laboratory equipment

☐

Veterinary diagnosis

☐

Veterinary treatment

☐**Declaration**

I have read the guidance in Charity funded equipment for medical and veterinary uses (VAT Notice 701/6) 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**Date** DD MM YYYY**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 agree that the goods or services supplied come within the:

Category stated above

☐

Other eligible category

☐

give details below

Description of equipment
Signature**Date** DD MM YYYY**Any other information**

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