## Certificate G

## PURCHASE FOR *DONATION* TO AN ELIGIBLE BODY OF MEDICAL, SCIENTIFIC ETC. EQUIPMENT

PART 1 - to be completed by the purchaser

|  | F2 1 1 1 2 1 1 1 2 1 1 1 2 1 |  |  |  |
|--|--|--|--|--|
|  | [tick boxes  as appropriate]   |  |  |  |
| MATHEM A. L. JONE  |  |  |  |  |
| DIRECTOR UF OPERATIO   | )(status in organisation)  |  |  |  |
| OF GAST ANGLIAN AIR AM   | BULANCE (name and address of   |  |  |  |
| HANGER E, GAMBLING C   |  |  |  |  |
| declare that I am/the above named organisation   | on is buying from:   |  |  |  |
| VILMED   | (name and address of   |  |  |  |
|  | supplier)  |  |  |  |
|  |  |  |  |  |
| with funds provided entirely by a charity or f   | rom voluntary contributions.   |  |  |  |
| the following:<br>SPOZ SOPT SEWS   | (description of goods)   |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| which I believe are medical equipment  | sterilising equipment  |  |  |  |
| scientific equipment   | laboratory equipment   |  |  |  |
| computer equipment   | refrigeration equipment  |  |  |  |
| video equipment  |  |  |  |  |
| parts or accessories of the equipment indicate   | ad above   |  |  |  |
|  |  |  |  |  |
| for donation to: EAST OF ENGL  |  |  |  |  |
| NHS AMBULANCE TRUS   | of recipient)  |  |  |  |
| HOSPITAL LANE, HELL  | ESDON, NORNICH   |  |  |  |
| NURFOLK, NRG 5NA   | <b>t</b>   |  |  |  |
|  | A  |  |  |  |
| which is:  | to to Fuelcad or Wolce   |  |  |  |
| a Health Authority or Special Health Authori   | ty in England or wates   |  |  |  |
| a Health Board in Scotland  a Health and Social Services Board in Northe                         |  |  |  |  |
|  |  |  |  |  |
| a hospital whose activities are not carried on for profit  |  |  |  |  |
| a research institution whose activities are not carried on for profit                            |  |  |  |  |
| a charitable institution providing care or medical or surgical treatment for handicapped persons |  |  |  |  |
| the Common Services Agency for the Scottis   | h Health Service   |  |  |  |
| the Common Services Agency for the Scottis   | all Fleatill Service   |  |  |  |

| the Northern Ireland Central Services Agency for Health & Social  Services  |  |   |  |           |
|---|--|---|--|-----------|
| the Isle of M<br>a charitable<br>a National I<br>Health Se  |  | g rescue or f<br>established u<br>ty Care Act | irst-aid services<br>under Part I of the Nationa<br>1990 or the National                   |           |
| For use in:   | medical research<br>medical training<br>medical diagnosis<br>medical treatment |   | veterinary research<br>veterinary training<br>veterinary diagnosis<br>veterinary treatment |           |
| I have read the guidance in the Customs and Excise VAT Notice 701/6 and apply for zero-rating of the supply under Group 15, items 4 or 6 of the zero-rate Schedule to the VAT Act 1994.  (signature and date) |  |   |  |           |
| The production of this certificate does not authorise the zero-rating of the supply. It is the suppliers responsibility to ensure that the goods supplied are eligible before zero-rating them.               |  |   |  |           |
| ******************************  |  |   |  |           |
| PART 2 - for u  | se by the supplier   |   |  |           |
| I have read the guidance in Customs and Excise VAT Notice 701/6 and agree that the goods supplied come within the category indicated above (or come within the alternative eligible category of               |  |   |  |           |
|   | equipm   | ent).   |  |           |
|   |  |   | (signature a   | and date) |
| Notes (eg any steps taken to verify the declared particulars)   |  |   |  |           |