



The West of England MS Therapy Centre  
reg charity no: 801155

a part of



the  
**brightwell**  
a centre for neurological wellbeing & physical recovery

Bradbury House, Wheatfield Drive  
Bradley Stoke, Bristol, BS32 9DB

hello@thebrightwell.org.uk  
01454 201 686

## VAT EXEMPTION CERTIFICATE FOR GOODS, AIDS OR SERVICES FOR PEOPLE WITH A DISSABILITY SUPPLIED TO A CHARITY

I, (full name) **Doro Pasantes**

Status in Charity **Centre Manager**

Of: **The West of England MS Therapy Centre**  
**The Brightwell, Bradbury House, Wheatfield Drive, Bradley Stoke, Bristol BS32 9DB**  
**Registered Charity No: 801155**

A charitable institution providing care and treatments to people living with a disability.

Declare that we, the above-named Charity is receiving from:

The supplier: **Viamed Ltd**

Of: **15 Station Rd, Cross Hills, Keighley, West Yorkshire, BD20 7DT**

the following description of goods or services or the repair of goods and services which are to be made available at our Therapy Centre in the treatment of one or more persons registered as disabled person due to a neurological condition, such as Multiple Sclerosis:

**Viamed MX300 Oxygen Monitor Part number 0111235**

Which I believe are goods of a kind described in the VAT Act 1994, Schedule 8, Group 12, item 2. We are paying for this supply with funds provided entirely by the charity or from voluntary contributions.

**I have read the guidance in the Customs and Excise VAT Notices 701/6 and 701/7 and apply for zero-rating of the supply under Group 15, item 5 or 6 of the zero-rate Schedule to the VAT Act 1994.**

Signed: *D. Pasantes*

Date: **17/07/20**

Invoice No:



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**The production of this certificate does not authorise the zero-rating of the supply.  
It is the suppliers responsibility to ensure that the goods/services supplied  
are eligible before zero-rating them.**

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## **PART 2** for use by the supplier

I have read the guidance in Customs and Excise VAT Notice 701/6 and 701/7 and agree that the goods/services supplied come within the category indicated above (or come within the alternative eligible category of ..... equipment).

.....  
(signature and date)

Notes (eg any steps taken to verify the declared particulars)

