

**Certificate G**

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

**PART 1** - to be completed by the purchaser

[tick boxes ☒ as appropriate]

I MATTHEW A. L. JONES.....(full name)  
DIRECTOR OF OPERATIONS.....(status in organisation)  
of EAST ANGLIAN AIR AMBULANCE (name and address of  
HANGAR E GAMBLING CLOSE NORWICH.....organisation)

declare that I am/the above named organisation is buying from:

Viamed.....(name and address of  
..... supplier)

with funds provided entirely by a charity or from voluntary contributions.

the following:

Viamed Adaptors.....(description of goods)

which I believe are medical equipment	<input checked="" type="checkbox"/>	sterilising equipment	<input type="checkbox"/>
scientific equipment	<input type="checkbox"/>	laboratory equipment	<input type="checkbox"/>
computer equipment	<input type="checkbox"/>	refrigeration equipment	<input type="checkbox"/>
video equipment	<input type="checkbox"/>		

parts or accessories of the equipment indicated above ☐

for donation to: EAST OF ENGLAND.....(name and address  
NHS AMBULANCE TRUST.....of recipient)  
HOSPITAL LANE HELLESDON NORWICH  
NORFOLK NR6 5NA.....

which is:

a Health Authority or Special Health Authority in England or Wales	<input checked="" type="checkbox"/>
a Health Board in Scotland	<input type="checkbox"/>
a Health and Social Services Board in Northern Ireland	<input type="checkbox"/>
a hospital whose activities are not carried on for profit	<input type="checkbox"/>
a research institution whose activities are not carried on for profit	<input type="checkbox"/>
a charitable institution providing care or medical or surgical treatment for handicapped persons	<input type="checkbox"/>
the Common Services Agency for the Scottish Health Service	<input type="checkbox"/>

the Northern Ireland Central Services Agency for Health & Social Services ☐

the Isle of Man Health Services Board ☐

a charitable institution providing rescue or first-aid services ☐

a 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 ☒

For use in: medical research	<input type="checkbox"/>	veterinary research	<input type="checkbox"/>
medical training	<input type="checkbox"/>	veterinary training	<input type="checkbox"/>
medical diagnosis	<input type="checkbox"/>	veterinary diagnosis	<input type="checkbox"/>
medical treatment	<input checked="" type="checkbox"/>	veterinary treatment	<input type="checkbox"/>

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.

 07/04/2022  
 .....(signature and date)

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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 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 agree that the goods 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)

