

## **Vat Exemption Form**

I(Full Name)
(Address)
Declare that I am chronically sick by reason of: (Illness)
And that I am receiving from The Recliner Store.  The following goods which are being supplied to me for my personal or domestic use
(Description of Goods)
And I claim relief from Value Added Tax under group 14 of schedule 5 to the Value Added Tax Act 1983
(Signature):
(Date):