



Our Invoice No. \_\_\_\_\_

AIDS FOR HANDICAPPED PERSONS: SUPPLY TO AN INDIVIDUAL

I (Full Name): \_\_\_\_\_

Of (Address): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Declare that I am Chronically sick and/or Disabled by reason of:-

\_\_\_\_\_

and that I am receiving from

CLARKS INDEPENDENCE CENTRE  
71 NEW ROAD SIDE  
HORSFORTH  
LEEDS LS18 4JX

- a) The following goods, which are being supplied to me for domestic or my personal use
  
- b) The following services to adapt goods to suit my condition
  
- c) The following services for repair or maintenance of goods
  
- d) The following alterations to my residence

and I claim that the supply of these Goods or Services is eligible for relief from VALUE ADDED TAX under Group 14 of the Zero Rate Schedule to the Value Added Tax Act 1983.

Signature \_\_\_\_\_

Date \_\_\_\_\_