

VAT Exemption Form

You will not have to pay VAT if the following 3 conditions are applicable:

- You declare that you (or the person for whom you are purchasing the products on behalf of) are chronically sick or disabled
- The products that you are purchasing are eligible to be supplied at a zero rate of VAT
- You (or the person for whom you are purchasing the products on behalf of) do not have to be registered disabled, but the nature of the illness or disablement must be specified overleaf.

Please complete the form overleaf and return by email: purewick-uk@bd.com or alternatively return in the freepost envelope provided.

Note to customer

You should complete this declaration if you are 'chronically sick or disabled' and the goods or services are for your own personal or domestic use. A family member or carer can complete this on your behalf if you wish.

You can find out more from the **Helpsheets on the GOV.UK** website or by telephoning the VAT Disabled Reliefs Helpline on Telephone: 0300 123 1073. HMRC staff cannot advise whether or not an individual is chronically sick or disabled.

A person is 'chronically sick or disabled' if he or she is a person:

- with a physical or mental impairment which has a long term and substantial adverse effect upon his or her ability to carry out everyday activities
- with a condition which the medical profession treats as a chronic sickness

It does not include an elderly person who is not disabled or chronically sick or any person who is only temporarily disabled or incapacitated, such as with a broken limb.

If you are unsure, you should seek guidance from your GP or other medical professional.

Please give this completed form back to the supplier. They will keep it with their VAT records. Please do not send it to HMRC.

VAT Declaration

For you (or the person for whom you are purchasing the products on behalf of) to qualify for VAT relief you must complete the section below.

Title: First name: Surname:

Address line 1: Town:

Address line 2: Postcode:

I declare that I am chronically sick or disabled because I have (please be specific e.g multiple sclerosis, diabetes, etc):

I am receiving from BD, products which are to be used for domestic or my personal use. I claim relief from Value Added Tax under Group 12 of Schedule 8 to the Value Added Tax Act 1994.

Signature: Print name:

Date:

By completing this form you authorise BD to hold your information on file.



Freephone:
01293 606 689

Nurse Advice Line Freephone:
0808 168 4048

Email:
purewick-uk@bd.com

Web:
www.scripteasy.co.uk

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Brighton Road, Crawley, West Sussex RH11 9BP

www.purewickathome.co.uk

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