



VAT Reclaim Form

For most Mobility products, if you are registered disabled or chronically sick, or if you are buying for someone who is, you are entitled to a refund of VAT paid on your purchase.

Complete this form and the attached Eligibility Declaration and send this with copies (not originals) of the required documents to:

Financial Reporting, Halfords, Icknield Street Drive,
Washford West, Redditch, Worcestershire, B98 7AN

Halfords may need to contact you to request further evidence that you are disabled should the H.M. Revenue & Customs challenge your application for VAT relief.

The person to whom the VAT refund cheque should be made payable must complete and sign this VAT Reclaim Form.

I would like to claim a refund of the VAT paid on my purchase of Mobility products.

Name of customer claiming VAT refund.....

Address of customer claiming VAT refund:.....

.....

.....

I have enclosed:

- Eligibility Declaration for VAT Refund
Completed and signed
- Proof of purchase
Copy of original receipt (till receipt or halfords.com email receipt)
- Proof of delivery (only required for home deliveries)
Copy of delivery note

Please note: copies may be retained. DO NOT send originals.

Ideclare that the information I have provided is true and correct.

Signed..... Date.....

See overleaf for Eligibility Declaration

Re Order Code 243881



**Eligibility Declaration for VAT Refund:
Goods and services for disabled persons**

Please note there are penalties for making false declarations.

If you are in any doubt as to whether you are eligible to receive goods or services zero-rated for VAT you should consult Notice 701/7 VAT reliefs for disabled people or contact our National Advice Service on 0845 010 9000 before signing the declaration.

The intended user of the products purchased must complete and sign this declaration, this may be yourself or someone for whom you have made the purchase.

I (full name)

Of (address)

.....
.....

declare that I am chronically sick or disabled by reason of: *(give full and specific description of your condition)*

.....

and that I am receiving from: *(Name and address of supplier)*

.....

The following goods which are being supplied to me for domestic or my personal use: *(provide description of the goods purchased)*

.....

The following services of installation*, repair* or maintenance* of goods: *(provide description of services and goods purchased if applicable)*

.....

.....

and I can claim relief from value added tax under group 14 of Schedule 5 to the Value Added Tax Act 1983.

**Delete words not applicable*

Signed..... Date.....

Reorder code 243881

