

**GOODS AND SERVICES FOR DISABLED PERSONS:  
ELIGIBILITY DECLARATION BY AN INDIVIDUAL**

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(Full Name) X .....

of (Address) X .....

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

Profound Hearing Impairment  
.....  
.....

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

Cochlear Europe Ltd, 9 Weybridge Business Park, Addlestone Road, Addlestone, Surrey, KT15 2UF

- the following goods which are being supplied to me for domestic or my personal use: (description of goods)  
.....

- the following services to adapt goods to suit my condition: (description of services and goods)  
.....

- the following services of installation, repair or maintenance of goods: (description of services and goods)  
.....

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

X \_\_\_\_\_  
(Signature)

X \_\_\_\_\_  
(Date)

- Delete words not applicable

**NOTE TO SUPPLIER**

You must keep this declaration for production to your VAT office. The production of this certificate does not automatically authorise the zero-rating of the supply. You must also ensure that the goods and services you are supplying qualify for zero-rating.

**NOTE TO CUSTOMER**

If you are in any doubt as to whether you are eligible to receive goods or services zero-rated for VAT, you should consult your local VAT office before signing the declaration.

**Warning:** Section 39.2 of the VAT Act 1983 provides for severe penalties for anyone who makes use of a document which they know to be false for the purposes of obtaining VAT relief.

Please return this form to:  
Cochlear Europe Ltd, Service Department  
9 Weybridge Business Park, Addlestone Road,  
Addlestone, Surrey, KT15 2UF  
Tel: 01932 871 1500

