

## VAT Exemption Form for Online Purchasing

**Client Name:**

**Date:**

**Client Address:**

**Contact Telephone Number:**

**Goods / Services  
Requested:**

**Cost of Goods including VAT:**

**Cost of Goods excluding VAT:**

### CUSTOMER DECLARATION

I hereby declare that I am chronically sick or disabled and would like to purchase from  
Multilift Parts Ltd, Cido Business Complex, Carn Industrial Area, Craigavon  
Co. Armagh BT63 5WH, the above listed goods/services, which are being supplied to me  
for my own personal use.

I claim that the supply of these goods/services is eligible for relief from VAT under  
group 14 of the zero rated schedule - VAT act 1993.

**Nature of Disability:**

#### **Multilift Parts Ltd**

Unit 7, Cido Business Complex, Carn Industrial Area, Craigavon  
Co. Armagh BT63 5WH N. Ireland

Tel: 028 3839 8877 (UK) or 048 38398877 (RoI)  
Fax: 028 3839 8866 (UK) or 048 3839 8866 (RoI)

Email: [sales@portableramps.co.uk](mailto:sales@portableramps.co.uk) Web: [www.portableramps.co.uk](http://www.portableramps.co.uk)