

## ZERO % VAT GOODS - SELF DECLARATION FORM

Name Address  
I [ \_\_\_\_\_ ] of  
[ \_\_\_\_\_ ]  
See list \* below

declare that I am suffering from  
[ \_\_\_\_\_ ]

and that I am receiving from Allergymatters Ltd , of 5 Riversdale Road, Thames Ditton, Surrey, England the goods below which are being supplied to me for my domestic or personal use; and I claim that the supply of these goods is eligible for relief from Value Added Tax under Group 12 of the Zero Rate Schedule to the Value Added Tax Act 1994

PLEASE NOTE: The signature of a parent, guardian, doctor or trustee is also acceptable.

AGREE / DISAGREE (Delete as applicable)

or if sending by fax or mail

Signature \_\_\_\_\_

Date \_\_\_\_\_

\*Asthma, Eczema, Dust mite Allergy, Seasonal Affective Disorder.