

# MOTOR VEHICLES - DISABLED PERSON

If you are in any doubt as to whether you are eligible to receive a motor vehicle or services zero-rated for VAT you should consult VAT Notice 701/59 Motor Vehicles for Disabled People or contact the National Advice Service on 0845 010 9000 before signing the declaration.

## DECLARATION BY A WHEELCHAIR USER

Full name and address  
of the wheelchair user: .....

.....

.....

.....

I declare that I usually use a wheelchair to be mobile and I claim relief from value added tax, the adapted vehicle is for my personal use and I am chronically sick or have a disabling condition, the full and specific description of my condition is .....

Signature ..... Date .....

If signing on behalf of the above please state capacity e.g. Parent/Relative/Guardian/Doctor/Carer etc

My relationship is .....

## DECLARATION BY MOTOR VEHICLE SUPPLIER

Dealership Name .....

Address .....

.....

.....

Post Code .....

We are supplying :-

A motor vehicle which is being supplied for domestic or personal use

Make/Model of Vehicle Ford Galaxy Liberty

Registration Number .....

Full description of adaptations & installation:

*Ford Galaxy Liberty wheelchair access conversion by Jubilee Automotive Group comprising:- Lowered rear floor section, modified raised head-lining, fold out wheelchair ramp, modifications to the rear suspension and exhaust system, four point wheelchair tie down system, wheelchair passenger lap & diagonal seat belt modification, modified rear bumper and tailgate*

Signature ..... Position ..... Date .....