

Certificate B

**PURCHASE BY AN ELIGIBLE BODY OF AN AMBULANCE OR WELFARE VEHICLE**

PART 1 - to be completed by the purchaser

[tick boxes  as appropriate]

I .....(full name)  
.....(status in organisation)  
of ..... (name and address of  
.....organisation)

which is:

- a Health Authority or Special Health Authority in England or Wales
- a Health Board in Scotland
- a Health and Social Services Board in Northern Ireland
- a hospital whose activities are not carried on for profit
- a research institution whose activities are not carried on for profit
- a charitable institution providing care or medical or surgical treatment   
for handicapped persons
- the Common Services Agency for the Scottish Health Service
- the Northern Ireland Central Services Agency for Health & Social   
Services
- the Isle of Man Health Services Board
- a charitable institution providing rescue or first-aid services
- a National Health Service trust established under Part I of the National   
Health Service and Community Care Act 1990 or the National  
Health Service (Scotland) Act 1978

declare that the above named organisation is buying  or hiring   
from:

..... (name and address of  
..... supplier)

the following ambulance   
parts or accessories for use with an ambulance

the following vehicle permanently adapted to carry one or more disabled  
persons in a wheelchair with:

for vehicles with

- up to 16 seats    1 or more wheelchair spaces and a fitted ramp to provide   
access for wheelchair or an electric or hydraulic lift
- 17 to 26 seats    2 or more wheelchair spaces **and** an electric or hydraulic   
lift

27 to 36 seats      3 or more wheelchair spaces **and** an electric or hydraulic lift   
37 to 46 seats      4 or more wheelchair spaces **and** an electric or hydraulic lift   
47 to 50 seats      5 or more wheelchair spaces **and** an electric or hydraulic lift

..... (make of vehicle)

..... (chassis no.)

..... (registration mark)

repairs or maintenance of the vehicle indicated above

and is paying for this supply with funds provided entirely by a charity or from voluntary contributions.

I have read the guidance in the Customs and Excise VAT Notice 701/6 and apply for zero-rating of the supply under Group 15, items 5 or 6 of the zero-rate Schedule to the VAT Act 1994.

.....(signature and date)

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**The production of this certificate does not authorise the zero-rating of the supply. It is the suppliers responsibility to ensure that the goods/services supplied are eligible before zero-rating them.**

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**PART 2 - for use by the supplier**

I have read the guidance in Customs and Excise VAT Notice 701/6 and agree that the vehicle/repair services supplied come within the description indicated above.

.....(signature and date)

**Notes** (eg any steps taken to verify the declared particulars)

