**Exemption Pursuant to Vat Notice 701/7 For Disabled Persons or Medical History.**

I (full name) …………………………………………………………………………………………………………………………………

Of (address) ……………………………………………………………………………………………………………………………………………………………  
  
…………………………………………………………………………………………………………………………………………………………….

Declare that either ‘I’ or someone in my household either currently suffers or has suffered with the illness/ illnesses in the ticked boxes.

|  |  |  |  |
| --- | --- | --- | --- |
| Illness | Tick Below | Illness | Tick Below |
| Alzheimer’s |  | Endocarditis |  |
| Addison’s Disease |  | Epilepsy |  |
| Angina |  | Gastro-oesophageal Reflux Disorder |  |
| Ankylosing Spondylitis |  | Glaucoma |  |
| Arthritis |  | Haemophilia |  |
| Asthma |  | Hypertension |  |
| Bronchiectasis |  | Hypothyroidism |  |
| Cancer |  | Inflammatory Bowel Disease |  |
| Cardiac Arrhythmias |  | Motor Neuron Disease |  |
| Cardiac Failure |  | Multiple Sclerosis |  |
| Cardiomyopathy |  | Myasthenia Gravis |  |
| Chronic Bronchitis |  | Osteoarthritis |  |
| Chronic Obstructive Airways Disease |  | Osteoporosis |  |
| Chronic Obstructive Pulmonary Disorder |  | Paget’s Disease |  |
| Chronic Renal Disease |  | Pancreatic Disease |  |
| Chronic Urinary Tract Infection |  | Paraplegia |  |
| Coronary Artery Disease |  | Parkinson’s Disease |  |
| Crohn’s Disease |  | Peptic Ulcers |  |
| Cryoglobinaemia |  | Peripheral Vascular Disease |  |
| Cystic Fibrosis |  | Pituitary Adenomas |  |
| Deep Vein Thrombosis |  | Psoriasis |  |
| Dementia |  | Psychosis |  |
| Dermatomyositis |  | Quadriplegia |  |
| Diabetes |  | Rheumatoid Arthritis |  |
| Diverticulitis |  | Stroke |  |
| Dysrhythmia |  | Systemic Lupus Erythematosus |  |
| Dystonia |  | Thrombocytopaenia |  |
| Emphysema |  | Thyroid Disorder |  |
| Blindness |  | Transient Ischaemic Attack (Mini Stroke) |  |

Other (Please State) ……………………………………………………………………………………………………………………………………………………………  
  
…………………………………………………………………………………………………………………………………………………………….  
  
In my household the following medication(s) is taken/ prescribed.

……………………………………………………………………………………………………………………………………………………………  
  
……………………………………………………………………………………………………………………………………………………………  
  
……………………………………………………………………………………………………………………………………………………………  
  
…………………………………………………………………………………………………………………………………………………………….

I am receiving from   
Rancom Security Ltd, Rancom House, Unit 3 Emmanuel Court, Reddicroft, Sutton Coldfield, B73 6BN.

The services of monitoring a personal alarm call system:

And I claim relief from Value Added Tax.

Signature: ……………………………………………………………………… Date: …………………………………………

**SUPPLIER**

I (adviser’s full name) –

Of Rancom Security Ltd, Rancom House, Unit 3 Emmanuel Court, Reddicroft, Sutton Coldfield, B73 6BN

Am supplying to the person named above

The services of monitoring a personal alarm call system

For the disabled person

Signature: ……………………………………………………………………………………………………

Date: ………………………………………………