

VAT Relief claim form

I, the undersigned person wish to claim VAT relief on the eligible products on my purchase due to my disability or on behalf of the named disabled person below:

Full Name: _____

Name of disabled person if different to above:

Install Address:

Postcode: _____

Phone Number: _____

Email Address: _____

I, the undersigned confirm that the items I am purchasing from The Wetroom Store are being used by myself in a disabled capacity or on behalf of the disabled person named above.

Items and quantity being purchased with VAT relief:

Purchased Items	Quantity

Claimant Signature: _____

Date of claim: _____

Please send the completed form with proof of disability (A copy of your award letter from the Department for Work and Pensions, a copy of your blue badge or a copy of your disabled bus pass) to mail@thewetroomstore.co.uk before purchasing.