VAT ZERO-RATE CERTIFICATE

Purchase by an Eligible Body of Medical, Scientific Etc. Equipment

Declaration which must accompany an order to qualify for relief from Value Added Tax (VAT) by Zero Rating

Part 1 - Purch	<u>urchaser</u>	
I,	(Full Name)	
Of:	(College/School)	
Prifysgol Bangor University (Address of Department)		
Which is a res	research institution whose activities are not carried on for profit; declare that the abouting from:	ove named organisation is
(Name and address of supplier)		
The following goods under University Order No/ Purchasing Card Transaction Ref		
Quantity	Description	
Which I believ	lieve are: Medical equipment Scientific equipment Laboratory equipment Computer equipment Video equipment	
Parts or accessories of the equipment indicated above Repairs or maintenance of the equipment indicated above		
and is paying for this supply with funds provided entirely by a charity or from voluntary contributions.		
I also declare that the goods are to be directly used by the above named organisation solely for the purpose of:		
	Medical researchVeterinary researchMedical trainingVeterinary trainingMedical diagnosisVeterinary diagnosMedical treatmentVeterinary treatme	is
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 and 6 of the zero-rate Schedule to the VAT Act 1994		
SignedDated		
SignedDated (On behalf of College/School)		
There are severe penalties for making a false declaration. If you have any doubt about the eligibility of the goods you are buying you should seek advice from Finance Office before completing this declaration.		
Note to suppliers You should retain this customer declaration for production to your VAT officer. The production of this certificate does not authorise the zero-rating of the goods. It is your responsibility to ensure that the goods supplied are eligible before zero-rating them.		
Part 2 – for use by the supplier		
I have read the guidance in Customs & Excise VAT Notice 701/6 and agree that the goods / services supplied come within the category indicated above (or come within the alternative eligible category ofequipment)		
Signed	Dated	

Departments must complete:

- The full name of the individual completing the form
- The name of the department concerned
- The name of the supplier being used
- The order number to which this certificate relates
- A description of the goods or services that are being purchased
- Tick boxes as necessary
- The individuals & authorising signature

Original form should be sent with the order for supplier to complete Part 2 and retain.