

CONTOUR SHOWERS LIMITED

SALES VAT ZERO RATED FORM

I/We (Full Name)

Of (Address)

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Declare that I am chronically sick or disabled and that I will receive from **CONTOUR SHOWERS LTD, SIDDORN ST, WINSFORD, CHESHIRE CW7 2BA** the items detailed on the enclosed invoice. The goods supplied are for use only for the chronically sick or disabled.

I claim that the supply of these goods or services is eligible for relief from VAT. I am aware that to supply false information is a criminal offence which may be liable to prosecution.

Signed

Date