

PURCHASE BY A CHARITY OF A MEDICINAL PRODUCT

PART 1 - To be co	mpleted by the purchaser			
Full Name				
An authorised purc	haser for:			
University of Su	ssex full address			
	declare that the above named	d Organisat	tion is buying or hiring from th	ne following supplier:
Supplier Name				
Supplier Addres	SS			
Order No.				
the following good	s:			
Items descriptio	n			
Tick appropriate	boxes			
which I believe are	medicinal products			
and is paying for th	is supply with funds provide	d entirely b	by a charity or from voluntary	contributions.
I also declare that t	he goods are solely to be use	d in		
	medical research		veterinary research	
	medical care or treatment		veterinary care or treatment	
I have read the guid Schedule 8 to the V		oms VAT I	Notice 701/6 and apply for zer	ro-rating of the supply under Group 15, item 9 of

.....(signature and date)

The production of this certificate does not authorise the zero-rating of the supply. It is the supplier's responsibility to ensure that the goods/services supplied are eligible before zero-rating them. **PART 2 – for use by the supplier**



.....(signature and date)

Notes overleaf (e.g. any steps taken to verify the declared particulars)