VAT Relief - Bathroom Adaptation Declaration

For qualifying bathroom adaptations for a chronically sick or disabled person

Important - please read before completing this form

- This form is for bathroom, shower/wet-room, washroom or lavatory work at the disabled person's private residence where the work is necessary because of their condition.
- The work must be carried out by a professional building contractor or tradesperson who is being paid to do the work.
- The professional contractor must complete and sign Page 3 themselves. The customer must not complete the contractor declaration on their behalf.
- VAT relief can only be considered for HeatandPlumb.com goods used in the qualifying bathroom adaptation. HeatandPlumb.com may contact the contractor to verify the works.

DIY or unpaid work by a friend, neighbour or family member does not qualify under this bathroom-building-work route.

1. CUSTOMER AND ORDER DETAILS

HeatandPlumb.com order number *

Order date *

Full name of person completing this form *

Name of disabled person (if different)

Email address *

Telephone number *

Relationship to disabled person (if completing on their behalf)

Private residence / installation address *

BACS REFUND DETAILS

Complete only where a VAT refund is to be paid by bank transfer. These details are not used to decide VAT eligibility.

Account holder name

Bank / building society

Sort code

Account number

Payment reference (if known)

Privacy note: this form contains health information and may also contain bank details. Please submit it only through the HeatandPlumb.com process provided for this purpose.

Customer Eligibility and Bathroom Adaptation

2. DISABILITY OR CHRONIC SICKNESS

Briefly describe the disability or chronic sickness relevant to this application *

A short description is enough. Please do not provide a detailed medical history.

HMRC eligibility summary

A person is chronically sick or disabled if they have a physical or mental impairment with a long-term and substantial adverse effect on everyday activities, or a condition treated by the medical profession as a chronic sickness. Temporary injury, or age/frailty on its own, does not qualify.

3. BATHROOM ADAPTATION

What bathroom work is being carried out because of the disabled person's condition? *

4. HEATANDPLUMB.COM GOODS INCLUDED IN THIS CLAIM

Only goods that will be used in the qualifying bathroom adaptation should be included.

- ☐ All bathroom goods on this HeatandPlumb.com order are for the qualifying bathroom adaptation.
- ☐ Only selected goods are for the qualifying bathroom adaptation. List the product names or codes below.

The professional contractor on Page 3 must confirm that the goods claimed will be used as part of the qualifying works.

5. CUSTOMER DECLARATION

☐ I confirm that the disabled person meets the eligibility described above; the work is at their private residence and is necessary because of their condition; a professional contractor is being paid to carry out the work and will complete and sign Page 3; and the goods claimed are for the qualifying bathroom adaptation and personal or domestic use. I confirm the information in this form is accurate.

Customer / representative full name *

Date *

If submitted electronically, the confirmation checkbox, typed full name and date above form the customer declaration.

Professional Contractor Statement of Works

THIS PAGE MUST BE COMPLETED AND SIGNED BY THE PROFESSIONAL CONTRACTOR

The customer must not complete this page on the contractor's behalf. HeatandPlumb.com may contact the contractor to verify the works before approving VAT relief.

6. CONTRACTOR / BUSINESS DETAILS

Contractor full name *

Business / trading name *

Trade / profession *

Company / VAT number (if applicable)

Business address *

Business telephone number *

Business email address *

Job / quotation reference

Installation postcode *

Installation address for the works *

7. PROFESSIONAL CONTRACTOR - STATEMENT OF WORKS

Please list the bathroom adaptation work you have been engaged and paid to carry out, and explain how the HeatandPlumb.com goods will be used in those works.

Statement of works *

HeatandPlumb.com goods / materials you confirm will be used in these works *

8. CONTRACTOR DECLARATION AND SIGNATURE

☐ I confirm that I am a professional building contractor / tradesperson engaged and being paid to carry out the works described above; the qualifying bathroom / wet-room / washroom / lavatory work is at the disabled person's private residence and is necessary to suit their condition; the HeatandPlumb.com goods identified in this form will be used as part of those works; and this is not DIY or unpaid work by a friend, neighbour or family member.

Contractor full name *

Date *

Contractor signature *

Contractor must sign here. For electronic submission, use a PDF signature/drawing tool where possible.