

STOCKTON SHOPMOBILITY Ltd.

3 - 5 Bridge Road, Stockton-on-Tees. TS18 1BH

Telephone: 01642 605676

Registered Charity No: 1048199 Company No: 3061335

CUSTOMER REGISTRATION AND DECLARATION FORM

To be completed by all customers wishing to hire equipment for short or long term periods.

Please supply as many details as possible, thank you.	
Title: Mr / Mrs / Miss / Ms	
First Name (s):	
Surname:	
Address Line 1:	
Address Line 2:	
Postcode:	Telephone:
Training Required: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Registered Persons Weight: _____	
Disabilities: _____	
Date of Birth: _____	
EMERGENCY CONTACT DETAILS	
Full Name:	
Relationship:	
Address Line 1:	
Address Line 2:	
Postcode:	
Telephone No:	
OFFICIAL USE ONLY	
Date Registered:	
I.D. Evidence Provided:	

ASSESSMENT / TRAINING DECLARATION.

Assessment and Training carried out by: _____

Assessed and Trained for the following equipment:

Training Carried Out:

Manual Chairs:

- Chairs are for one-person use only.
- Use of brakes when person is sitting in or rising from chair.
- Negotiating steps and kerbs.
- Folding and unfolding chair.

Electrically Operated Chairs and Scooters:

- Operation of key control. Ensure key is in off position when mounting or dismounting scooters. Remove key if scooter is to be parked up and left unattended.
- Children are not allowed to be carried on the scooters or power chairs.
- Location and use of horn / lights / indicators etc.
- Operation of forward / reverse controls.
- Advice on speeds when in crowded areas and when entering / leaving shops etc.
- Reversing Operations.
- Negotiating Kerbs / Steps etc.
- Safety belts should be used where fitted.
- Considering other pavement users.
- Crossing Roads.
- What to do in an emergency.

Declaration:-

I confirm that I have received training in operation and use of the above mentioned equipment and that I do not have any condition that would impair my ability to safely operate the equipment being hired to me. I promise to inform STOCKTON SHOPMOBILITY Ltd. immediately in the event that I become aware of any changes in my condition that might affect my ability to safely operate the said equipment and agree to undertake a new assessment.

Customers Signature: _____

Date: _____

STOCKTON SHOPMOBILITY Ltd.
VAT REGISTRATION No. 746655792

Goods and Services for disabled persons: Eligibility Declaration by an Individual.

I (full name) _____

Of (address) _____

_____ Post Code: _____

declare that I am chronically sick or disabled by reason of: (give a full and specific description of your condition).

and that I am receiving from Stockton Shopmobility Ltd. 3-5 Bridge Road, Stockton-on-Tees, TS18 1BH,

Hire of wheelchair or electric scooter

And I claim relief from Value Added Tax under Group 12 of schedule 8 to the Value Added Tax Act 1994.

Signature _____

Date _____

Note to Supplier

You must keep this declaration for production to your VAT office. The production of this certificate does not automatically authorise the zero-rating of the supply. You must also ensure that the goods and services you are supplying qualify for zero-rating.

Note to Customer

If you are in any doubt as to whether you are eligible to receive goods or services zero-rated for VAT you should consult your local VAT office before signing the declaration.

WARNING: Section 39.2 of the VAT Act 1983 provides for severe penalties for anyone who makes use of a document, which they know to be false for the purpose of obtaining VAT relief.