GST EXEMPTION FORM

STATUTORY DECLARATION — LIFTS FOR PERSONS WITH LIMITED MOBILITY & RESTRICTED USE

PART 14, 15, 16

1300 452 226 enquiries@homeliftsydney.com.au www.homeliftsydney.com.au

ISSUED TO _____ BY THE CLIENT PURCHASING A MEDICAL DEVICE IN ORDER TO COMPLY WITH THE TAX LAWS OF AUSTRALIA

Statutory Declaration and additional information for Part 14, 15, 16 Lifts – for Persons with Limited Mobility and Restricted Use

Now it is hereby declared that

I/we _____

Of _____

Telephone no. _____

Propose to use a Part 14, 15, 16 Lift – for Persons with Limited Mobility and Restricted Use at:

Site Address: _____

_____

The Lift will have its use restricted by key and will be in the charge of the following responsible person.

Name: _____

The responsible person shall:

Ensure the lift is used only for the purpose for which it is intended (ie, Restricted Use and Persons with Limited Mobility) and not for the carriage of goods other than portable possessions in the company of the passenger.

I/We understand the lift is to be used in accordance with the above requirements and regulations.

I accept that I will be personally responsible for any GST plus taxation penalties that may occur if it is found that GST is payable on this supply. I accept that I should take independent taxation advice if I have any doubt about the validity of this declaration. I indemnify _____ any costs plus penalties they may incur if this is found to be a GST taxable supply.

At _____

this _____ **day of** _____ **20** _____

Print Name _____
(Customer)

Print Name _____
(JP or authorised signatory)

Signature _____

Signature _____

Registration Number _____