

Order No.

Invoice No.

CERTIFICATE FOR EXEMPTION OF VALUE ADDED TAX

This form correctly filled in by the patient or their relative/representative will
allow us to supply goods without adding V.A.T. to the cost of goods.

Patient's Name:

Address:

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I declare that the above person is chronically sick
or has a disabling condition and is receiving goods for domestic or personal use from:
Crelling Harnesses Ltd. of 12 Crescent East, Thornton-Cleveleys, Lancashire, England, FY5 3LJ

(Description of goods)

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I claim that the supply of these goods or services is eligible for relief
from VAT under Group 12 of Schedule 8 to the Act of 1994.

Signature

Date