

Order No:

Customer Code:

**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.

Please complete form & return to the address below.

Patient's Name:

Address:

.....

.....

.....

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)

.....

.....

.....

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

Crelling Harnesses For Disabled Ltd.

12 Crescent East, Thornton-Cleveleys, Lancashire, FY5 3LJ

Tel: 01253 852298 Fax: 01253 821780

Email: info@crelling.com

Website: www.crelling.com