

VAT Exemption Form

Form for VAT FREE goods and services supplied to persons suffering from Alopecia, Post-Operative Hair Loss and Chemotherapy treatment for their own personal use. If you are in any doubt as to whether you are eligible to receive goods or services zero-rated for VAT you should consult Notice 701/7 VAT reliefs for disabled people available at www.hmrc.gov.uk or by contacting the VAT Disabled Reliefs Helpline on 0300 123 1073 before signing the declaration.

Please note there are penalties for making false declarations.

Please ensure all items with a star (*) are fully completed otherwise this form will be invalid and may be returned to you for full completion. This will delay your order as the form must be present at the time of invoicing. We require a separate form for every order placed.

Declaration by Individual

* Full Name (Mr/Mrs/Miss/Ms) _____

* Address: _____

* Postcode: _____

Tel No: _____

E-Mail: _____

* I (the above named person) declare that I qualify for VAT FREE supplies by reason of the following medical condition:

Alopecia Chemotherapy Treatment Other (Please State) _____

* The name and address of my GP/Consultant is:

* This declaration is hereby signed by:

* The client/beneficiary

SIGN

PRINT

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For Office Use Only:

Receiving from Patient Hair Care

Witnessed by a Patient Hair Care representative
Patient Hair Care 74c High Street, Newport Pagnell.Bucks.MK16 8AQ

Signed: _____

Date: _____

www.patienthaircare.org

THIS FORM TO BE RETAINED BY THE SUPPLIER