

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: CareSupplies.co.uk, Co (Mr Mops Limited), Unit 2, Barnsley Business & Innovation Centre, Snyderdale Road, Cudworth, Barnsley, South Yorkshire, S72 8RP

(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