



Form for V.A.T. FREE goods and services supplied to persons suffering from Alopecia (Totalis and Arecta), Post-Operative Hair Loss and Chemotherapy treatment – as permitted under GROUP 14 of Schedule 5 of the Value Added Tax Act 1983.

Declaration by Individual

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

Address: _____

Postcode: _____

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 G.P/Consultant is:

Receiving from Wigz on Wheelz limited :

This declaration is hereby signed by:

The client/beneficiary

SIGN

PRINT

DATE

.....
For Office Use Only:

Signed: _____

This form is not valid unless completed fully. Please also ensure that you have stated your medical condition and a Wigz on Wheelz representative has signed this form.