**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](http://www.crelling.com/)