

VAT EXEMPTION FORM

Form for VAT FREE goods and services supplied to persons suffering from Alopecia (Totalis and Areata), Post-operative hair loss and Chemotherapy treatment –as permitted under GROUP 12 of Schedule 8 of the Value Added Tax Act 1994 amended 2001.

Declaration by individual:

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

Address: _____

Post code: _____

I (the above named person) declare that I qualify for VAT FREE supplies for personal and domestic use, by reason of the following medical condition:

The name and address of my G.P / Consultant is: _____

I have purchased from Dignity Wigs Ltd, the following items which are for my personal use:

1. _____ 2. _____

3. _____ 4. _____

This declaration is hereby signed by the client / beneficiary:

PRINT FULL NAME

SIGN

DATE

Witnessed by Dignity representative: _____

Please note this form is not valid unless fully completed. Please ensure that you have stated fully your medical condition and that a Dignity representative has signed this form.

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