



V.A.T. EXEMPTION FORM

Form for V.A.T. FREE goods and services supplied to persons suffering from Alopecia (Totalis and Areata). 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 _____

Post Code _____

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 specify)

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

Receiving from Wattz International

This declaration is hereby signed by:

The client/beneficiary

SIGNED

PRINT

_____/_____/_____
DATE

For Office Use Only:

Witnessed by a Wattz International representative at the following location:

24 High Street

Biddenden

Kent

TN27 8AH

Signed _____

This form is not valid unless completed fully. Please also ensure that you have stated your medical condition and a member of Wattz International personnel has signed this form.