

V.A.T. Exemption Form

Declaration by Customer (Complete **BOLD** type)

Full Name: _____

Address: _____

Town: _____

County: _____

Postcode: _____

I (named person above) declare I qualify for VAT free on goods or services for the following reason.

Chemotherapy Treatment (Y/N): _____

Alopecia (Y/N): _____

Other (please state): _____

And that I am receiving goods from Josephs West-End Hair Co.

The following goods supplied to me are for domestic or my personal use.

Description of goods: _____

And I claim relief from value added tax.

Signature: _____

Date: _____

If you are in any doubt as to whether you are eligible to receive goods or services zero-rated for VAT you should consult Notice 701/7 VAT reliefs for disabled people or contact the National Advice Service on 0845 010 9000 before signing this declaration.

OFFICE USE ONLY

Supplier

Josephs West-Hair Co. Of 24 Rosehill Court, Bishopsford Road, Morden. Surrey. SM4 6JS

VAT Reg No. 850 73 78 11

Is supplying the person named above with the following goods for personal use: _____

Signature: _____

Date: _____