



Medical Europe Limited

TO BE COMPLETED - if you are eligible to claim VAT relief.

VAT EXEMPTION FORM

I declare that I am chronically sick or disabled, by reason of chronic incontinence, and that I am receiving from Pioneer Medical Europe Limited, 28 Green Sward Lane, Redditch, B98 0EN the following goods which are being supplied to me for my domestic or personal use:

Hi-N-Dry small starter pack/ Hi-N-Dry large starter pack/

Hi-N-Dry pouches/Hi-N-Dry support briefs

IncoFree/Contiform starter pack/ IncoFree/Contiform replacement unit (Please circle OR highlight as appropriate) and that I claim relief from value added tax under group 14 of schedule 5 of the Value Added Tax Act 1983.

I(Full name)_____

Of (address)_____

I Claim relief from Value added tax

_____ (Signature)

_____ (Date)

Phone Number _____

If you do not complete this declaration, VAT will be added to your order. If you are in any doubt that you are eligible to receive goods or services zero-rated for VAT you should consult VAT notice 701/7 VAT reliefs for disabled people or contact the National Advice Service on 0845 010 9000 before signing the form.

THIS FORM MUST BE SIGNED AND SENT TO PIONEER MEDICAL EUROPE LIMITED BEFORE YOUR ORDER WILL BE DISPATCHED.

Please send form to: Pioneer Medical Europe Limited, 28 Green Sward Lane, Redditch, Worcestershire, B98 0EN.