



Exel Mobility  
Unit 7  
North Harbour Industrial  
Estate  
Ayr  
KA8 8BN

Exel **Mobility**

# VAT Exemption Form

I (full name)

.....

of (company name and address)

.....

.....

.....

.....

Name .....

Address .....

Telephone No. ....

I am supplying the following goods and/or services to the disabled person named . (Please tick the appropriate box and give details of the goods and/or services in the space provided:

Insert Details:

Goods which are being supplied for the customer's personal use

.....

.....

.....

.....

Services of adapting goods to suit the needs of the customer.

Services of installation, repair or maintenance.

Signed .....

Date .....