



Application for the VAT Refund on Assistive Equipment bought for Persons with Disability

Please fill in the information below:

1. Name and Surname: _____
2. Special Identity Card N°: _____ 3. ID N°: _____
4. Address: _____
_____ 5. Tel N°: _____
6. Equipment being applied for: _____

With this application form you are also required to submit the following:

The original fiscal receipt issued by the seller of the equipment in the name of the person with disability. This receipt should contain an exact description of the assistive equipment; that is, each piece of equipment and its price should be listed – and not just the total sum. The VAT amount paid should also be listed separately.

TERMS AND CONDITIONS:

- The completed form is to reach KNPD at the address below within **three (3) months from date on Fiscal Receipt**.
- KNPD reserves the right to request further documentation regarding the equipment before it is able to grant its service.
- KNPD reserves the right to send a professional to verify the purchase and use of this equipment by the disabled person.
- KNPD processes personal data according to the Data Protection Act (Chapter 440). This data is kept confidential but may be passed on to third parties in order that you may avail of the service you applied for or as required by law. Data about you may be sent to third parties for this aim. You reserve the right to access your personal data, as well as rectify or delete incomplete or irrelevant data that has been processed by KNPD. Please ensure that the data entered is correct and that you immediately notify KNPD should any changes occur.

I accept the above terms and conditions

7. Signature: _____ 8. Date: _____

For office use only: VAT amount for refund: € _____

Name of Services Officer

Signature

Date

Vincenzo Bugeia Institute, Braille Street, Sta Venera, Malta. SVR1619.

Telephone: 2278 8555 - Fax: 2278 8490 - SMS only: 7978 8555

Website: <http://www.knpd.org/> Email: helpdesk@knpd.org