CERTIFICATION

IS SUFFERING FROM/HAS SUFFERED: AND IS IMMOBILE OR PARTIALLY IMMOBILE AND IS IN NEED OF AWHEELCHAIR. Signature: Date: Place Official Stamp Here For Official Use Only Application Received on:20 Date of Approval:20 Size of chair received: 14/ 16/18/20 Date Chair Received:		<u>ATIFICATION</u>
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Signature:	A WHEELCHAIR.	
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Address:		
Relationship to Applicant: Applicant was provided with a copy of terms and conditions of Wheelchair	Address:	
Applicant was provided with a copy of terms and conditions of Wheelchair		
Applicant was provided with a copy of terms and conditions of Wheelchair Foundation Loan Scheme	Relationship to Applicant:	
	Applicant was provided with a c Foundation Loan Scheme	copy of terms and conditions of Wheelchair
Signature: Date:	Signature:	Date: