

CERTIFICATION

I, _____, of _____

DO HEREBY CERTIFY THAT

IS SUFFERING FROM/HAS SUFFERED:

**AND IS IMMOBILE OR PARTIALLY IMMOBILE AND IS IN NEED OF
A WHEELCHAIR.**

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: _____ 20_____

Chair Collected by: _____ ID number: _____

Address: _____

Relationship to Applicant: _____

Applicant was provided with a copy of terms and conditions of Wheelchair Foundation Loan Scheme

Signature: _____

Date: _____
