

Certificate G

**PURCHASE FOR DONATION TO AN ELIGIBLE
BODY OF MEDICAL, SCIENTIFIC ETC. EQUIPMENT**

PART 1 - to be completed by the purchaser

[tick boxes ☒ as appropriate]

I MATTHEW A. L. JONES (full name)
DIRECTOR OF OPERATIONS (status in organisation)
of EAST ANGLIAN AIR AMBULANCE (name and address of
HANGAR E GAMBLING CLOSE NORWICH organisation)

declare that I am/the above named organisation is buying from:

..... (name and address of
Viamed supplier)

with funds provided entirely by a charity or from voluntary contributions.

the following:

..... (description of goods)

Viamed Adaptors

.....

.....

which I believe are medical equipment	<input checked="" type="checkbox"/>	sterilising equipment	<input type="checkbox"/>
scientific equipment	<input type="checkbox"/>	laboratory equipment	<input type="checkbox"/>
computer equipment	<input type="checkbox"/>	refrigeration equipment	<input type="checkbox"/>
video equipment	<input type="checkbox"/>		

parts or accessories of the equipment indicated above ☐

for donation to: EAST OF ENGLAND (name and address
NHS AMBULANCE TRUST of recipient)
HOSPITAL LANE HELLESDON NORWICH
NORFOLK NR6 5NA

which is:

a Health Authority or Special Health Authority in England or Wales	<input checked="" type="checkbox"/>
a Health Board in Scotland	<input type="checkbox"/>
a Health and Social Services Board in Northern Ireland	<input type="checkbox"/>
a hospital whose activities are not carried on for profit	<input type="checkbox"/>
a research institution whose activities are not carried on for profit	<input type="checkbox"/>
a charitable institution providing care or medical or surgical treatment for handicapped persons	<input type="checkbox"/>
the Common Services Agency for the Scottish Health Service	<input type="checkbox"/>