



SHREE VISA OSHWAL COMMUNITY, NAIROBI

P.O.BOX: 40638-00100, NAIROBITEL: 0724-177293 / 0725-339801 / 0732-377475 / 0733-469517 /
0772-778187

V.O.C. MEDICAL EQUIPMENT APPLICATION FORM

First Name:Middle Name:.....Last Name:

P. O. Box:Code: City/Town:

Mobile:

Email Address:V.O.C. Number

Physical Location of Home:

Physical Location of Office:

Nature of Injury:

Please tick the equipment required below:

ITEM	REFUNDABLE DEPOSIT	Tick
AEROSOTHERAPY SYSTEM (ASTHMA)	KSH. 2,000/-	
CRUTCHES	KSH. 2,000/-	
WALKING FRAME/STICK	KSH. 2,000/-	
NORMAL/ACCOMODATIVE WHEELCHAIR	KSH. 3,000/-	
1 MANUAL HOSPITAL BED	KSH. 10,000/-	
1 ELECTRICAL HOSPITAL BED	KSH. 20,000/-	
OXYGEN CONCENTRATOR	KSH. 20,000/-	



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APPLICATION FORM**

Disclaimer:

- I confirm that the equipment being received will not be sold, rented out or otherwise disposed to any other party.
- I agree by the terms of payment and retention of deposit incase of any damages to the equipment.
- The deposit will be refunded once the equipment hired is returned.
- I will use the equipment for a maximum period of 3 months.
- V.O.C. reserves the right to recall any of the equipment issued without any prior notice.
- I the undersigned, confirm that I have read this declaration and understood its implications

Name of Borrower:

VOC No:

Signature:

Date:

For Official Use Only:

Issue Date:Equipment Returned (Date):

Deposit Amount:R/No & Date:

Approved By:Signature: