**Declaration of Banking Details**

**Contractor Name:**

(Name of Company if Body Corporate, or name of Individual or Partnership)

**Trading Name:**

**Address and**

**Postcode of Practice:**

This form is to be completed in all cases on the employment of or resignation of any practitioner

(principle, shared or assistant) or a change in the financial circumstances of the practice.

❖ We understand that all communications on matters affecting the practice will be addressed to the practice and that copies will not be sent to individual members.

❖ We would like to nominate as the addressee for all financial statements sent from ICB(s) finance departments. The addressee’s email address is as follows:

❖ We undertake to notify the relevant NHS ICB(s) of any variation to the information

provided in this document.

❖ We authorise the relevant NHS ICB(s) to pay all monies due to us by direct credit to the undermentioned bank:

Payee:

Name of Bank:

Branch at which account is held:

Sort Code:

Account number:

Signature1 (to be signed by ALL partners):

Name:

Position:

Email:

Telephone:

Signature:

Date:

1Please use a separate blank paper if there is insufficient space for signatures from all partners

Name:

Position:

Email:

Telephone:

Signature:

Date:

Name:

Position:

Email:

Telephone:

Signature:

Date:

Name:

Position:

Email:

Telephone:

Signature:

Date:

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