

Declaration of Banking Details

Contractor Name:

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 NHS England and Improvement, and CCG finance departments. The addressee's email address is as follows:

- ❖ We undertake to notify NHS England and the CCG of any variation to the information provided in this document.
- ❖ We authorise NHS England & Improvement and the CCG 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: _____

Name: _____

Position: _____

Email: _____ Telephone: _____

Signature: _____ Date: _____

Name: _____

Position: _____

Email: _____ Telephone: _____

Signature: _____ Date: _____

Name: _____

Position: _____

Email: _____ Telephone: _____

Signature: _____ Date: _____

