

Notification of Information Not Given on Form A1/A2

(Please delete words/sections which do not apply)

TO HEALTH BOARD

1. I/We (name of person making application) []

Of (correspondence address and name of company if relevant)

[]

to be included in the pharmaceutical list to provide pharmaceutical services from premises as specified in Form A (1) or (2).

2. The premises are now—

(i) constructed Yes [] No []

(ii) leased/conveyed to me/us and I/we took possession of them on []

(iii) registered by the General Pharmaceutical Council in my/our name with effect from []

(iv) The reference number is []

3. *If applicable, the Responsible Pharmacist at the said premises will be—

Name []

GPhC Registration No. []

4. I/We undertake to provide the services as detailed in Form A 1/A 2 and undertake to provide such of these services as may be approved by the Board in accordance with the terms of service for the time being in operation.

Signed []

Print Name []

Date []

NOTES:

(1) Where all the information sought in Form A (1) or (2) was not provided, Form B shall be submitted with all the outstanding information.

*(2) *Responsible Pharmacist details should be provided if full pharmaceutical services are being provided.*

(3) Payment cannot be made for NHS services provided before the date of entry in the pharmaceutical list recorded in Form C as issued by the Board.