

Dispensing Contractor E-mail Address Mandate

Contractor Details (a form must be completed for each contractor code/pharmacy)

NHS Board Area	
PSD Contractor Code	
Name of Contractor	
Address	

Main Contact for Enquiries relating to this form

Name in Block Capitals	
Telephone Number	
E-mail Address	

E-mail Address(es)

Can you please complete the section below with appropriate e-mail address(es) in order for Practitioner Services to e-mail the electronic payment schedules on a monthly basis. One e-mail address is necessary; however, there is an option to add two more recipients.

Main	
Additional	
Additional	

Declaration

I declare that the information detailed above is correct and complete. I understand that I have agreed to the person(s) named above to receive a copy of the electronic payment schedule on a monthly basis. I agree that it is my responsibility to inform Practitioner Services of any changes to the above e-mail address(es).

Name in Block Capitals	
Signature	
Designation	
Date:	