

**Purpose**

To advise Practitioner Services of the bank account into which GP Practice payments are to be made by Practitioner Services. All GP Practice signatories to the bank account must sign this mandate to confirm the accuracy and validity of the data supplied.

**GP Practice Details**

|                |                      |   |
|----------------|----------------------|---|
| Practice Stamp | NHS Board Area:      | <b>NHS BOARD</b>  |
|                | Practice Ref Number: | <input type="text"/>  |
|                | Date Effective From: | <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|                | Main Contact:        | <input type="text"/>  |

**Normal GP Practice Bank Account Details**

**Previous GP Practice Bank Account Details**

Bank \_\_\_\_\_

Branch \_\_\_\_\_

Sort Code

A/C No

Name on Bank A/c \_\_\_\_\_

**New GP Practice Bank Account Details**

Bank \_\_\_\_\_

Branch \_\_\_\_\_

Sort Code

A/C No

Name on Bank A/c \_\_\_\_\_

**GP Practice Signatories (Please ensure that every Partner within the GP Practice signs this section)**

I/We wish to notify you that all payments relating to this GP Practice should be made to the Bank Account stated above.

**GP Name - block capitals**

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**Signature**

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**Please e-mail a scanned copy of the completed form to your Practitioner Services regional office:**

- Aberdeen regional office: [nss.psd-gppractices-aro@nhs.scot](mailto:nss.psd-gppractices-aro@nhs.scot)
- Edinburgh regional office: [nss.psd-gppractices-ero@nhs.scot](mailto:nss.psd-gppractices-ero@nhs.scot)
- Glasgow regional office: [nss.psd-gppractices-gro@nhs.scot](mailto:nss.psd-gppractices-gro@nhs.scot)

|                                       |       |             |       |
|---------------------------------------|-------|-------------|-------|
| <b>Practitioner Services Use Only</b> |       | <b>Ref:</b> |       |
| Verified & Input By:                  | Date: | Checked By: | Date: |

Only complete this section where GP Practices wish specific elements of their payment to be paid to a separate Bank Account.

**Nominated Specific Payments Bank Account Details**

**Previous Nominated Bank Account Details**

Bank \_\_\_\_\_  
Branch \_\_\_\_\_  
Sort Code 

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|--|--|--|--|--|--|

  
A/C No 

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|--|--|--|--|--|--|--|--|

  
Name on Bank A/c \_\_\_\_\_

**New Nominated Bank Account Details**

Bank \_\_\_\_\_  
Branch \_\_\_\_\_  
Sort Code 

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

  
A/C No 

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

  
Name on Bank A/c \_\_\_\_\_

**Nominated Payments**

Please indicate which elements are to be paid into the Nominated Payments Bank Account, e.g. Rent, Rates, Improvement Grant, etc.

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
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