

--

GP Form B (Supplement) should be used to advise Practitioner Services of Money Purchase Additional Voluntary Contributions (AVCs)

--

GMC Number	<input type="text"/>	SB Number	<input type="text"/>
Surname	<input type="text"/>	Other Name	<input type="text"/>
Date of Birth	<input style="width: 100px;" type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address	<input type="text"/>	Host EA	<input type="text"/>
	<input type="text"/>	Month	<input type="text"/>
Post Code	<input type="text"/>	Year	20 <input style="width: 50px;" type="text"/>
Contact e-Mail	<input type="text"/>	N. I. Number	<input type="text"/>

--

	£	p
Monthly Value of Contract	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>

Note: Please submit your Form B (supplement) to Practitioner Services to arrive no later than the 7th of the month following the month to which this form relates.

Please ensure you have provided a contact e-mail address as cheques are no longer accepted and we will be in touch to advise you of the Worldpay payment arrangements in due course.

I declare that the information I have given in this form is correct and complete and I understand that if it is not disciplinary action may be taken against me.

Signature _____ Date _____

Please scan & return the completed form to Practitioner Services: nss.locumcontributions@nhs.scot
--

FOR PRACTITIONER SERVICES USE ONLY											
Pending Remittance	<input type="text"/>	Completed	<input type="text"/>	P&CFS Ref No	S	M	L	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>