

**Purpose**

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

**Dispensing Doctor Details**

Dispensing Doctor Stamp    	NHS Board Area:	<b>NHS BOARD</b>		
	Contractor Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Date Effective From:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Main Contact:	<input type="text"/>		

Contractor Name: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Previous Bank Account Details**

Bank \_\_\_\_\_

Branch \_\_\_\_\_

Sort Code

A/C No

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

**New Bank Account Details**

Bank \_\_\_\_\_

Branch \_\_\_\_\_

Sort Code

A/C No

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

**Dispensing Doctor Contractor - Name, Signature & Designation**

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

Name - block capitals	Designation	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

[nss.psd-cont-acc@nhs.scot](mailto:nss.psd-cont-acc@nhs.scot)

Practitioner Services Use Only		Ref:	
Verified & Input By:	Date:	Checked By:	Date: