**FORM B Regulation 8(4)**

**Notification of Information Not Given on Form A1/A2**

(Please delete words/sections which do not apply)

TO THE ................................................................. 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 |  |

|  |  |
| --- | --- |
| (v) services to commence from (date)[[1]](#footnote-1) |  |

**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.*
1. Paragraph 2. (v) – services to commence from (date) - included locally. [↑](#footnote-ref-1)