

5QQ 116

Name & Address for Payment

ULN OLCO20085QQ



Specsavers Healthcall
Cirrus House
10 Experian Way
Nottingham
NG2 1EP

GOS1

 We attach:
 Value: £
 Forms dated before 1 April

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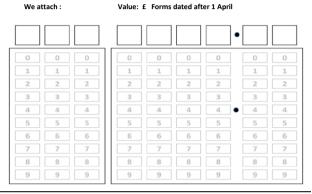
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Contractor Declaration To be completed in all cases

I, as authorised by the contractor, wish to claim payment for the above submissions

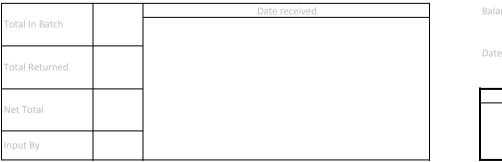
Name

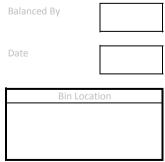
Date

Please mark with an 'x' here if these are electronic submissions

NHS Shared Business Services
PCS Ophthalmic Payments Team
Please send your claim forms to:
PO Box 652
Wakefield
WF1 9HU

For Office Use Only







IMPORTANT NOTE: This form must only be used for the contractor/authorised signatory stated above. Failure to do this or making alterations to this header may cause delays or errors in your payment.

500-116-60\$1

