# Banking mandate form

## Safety and Security Funding Grant

|  |  |
| --- | --- |
| Name/ Pharmacy Superintendent |   |
| Name/ Pharmacy owner / partner |   |
| Pharmacy Name |   |
| Pharmacy address\* |   |
| Postcode\* |   |
| ODS Code\* |   |
| Pharmacy email address\* |   |
| Pharmacy telephone number \* |   |
| Bank /Building Society Name |   |
| Bank Account Name |   |
| Account Number |   |
| Branch Sort Code  |   |

I confirm that this funding will be used solely for the purpose of improving the safety and security of my GM community pharmacy contractor premise as outlined in the self-assessment audit.

I commit to ensuring any future improvements, where applicable, will be started within 12 months of receipt of the grant and accept that I am obligated to inform CHL of any material changes to this.

I declare that I am authorised to sign this document on behalf of the pharmacy detailed above.

|  |  |
| --- | --- |
| Name |  |
| Signature |  |
| Date |  |

\*If multiple please attach list below.