

To:		PCT Pharmacy or Company Stamp <i>(or if a head office attach a signed letterhead as authorisation)</i>
-----	--	--

Contractor Account Details

ODS code/F code	
Pharmacy Name	
Trading Name <i>(if different)</i>	
Address	
Postcode	
Date of New Premises opening	

Contractor Declaration
I can confirm that the above named pharmacy contractor has:

- i. a Release 1 ETP compliant pharmacy system (accredited as such by NHS Connecting for Health).
- ii. appropriate network connectivity to be able to operate the Electronic Prescription Service
- iii. staff operating the service who are registered users and have been issued with smart cards and PIN numbers by their PCT's Registration Authority.

AND

- iv. opened new premises (not relocated) after 1st November 2005 and before 1st January 2006 and is entitled to the 1st ETP Release 1 Allowance of £1300.

OR

- v. opened new premises (not relocated) after 1st January 2006 and is entitled to the first and second ETP allowances of £1300 (a total of £2600).

I hereby submit and make a claim for:

- i. the first ETP Release 1 allowance of £1300.

OR

- ii. the first and second ETP Release 1 allowances of £1300 - total of £2600.

I accept that NHS Prescription Services will make this payment as authorised by the PCT.

Claims for one or both ETP Release 1 allowances must be made by 31st July 2009. No further payments will be made in respect of Release 1 after this date.

Claim made by: <i>(authorised signature)</i>		Telephone number: <i>(in case of queries)</i>	
Name: <i>(please print name)</i>		Position:	
Date:			