**BOOTS UK LIMITED**

**LOCUM PHARMACIST SETUP/AMENDMENT FORM**

To ensure we hold accurate data & to avoid any delay in payment please:

* Complete this form **ELECTRONICALLY** in **UPPER CASE** (No handwritten forms please)
* **PRINT** the form & sign where indicated
* Return as a PDF scan or as a clear photograph

|  |  |
| --- | --- |
| **BOOTS VENDOR NUMBER:**  (APPLICABLE FOR AMENDMENTS) |  |
| **FORENAME:** |  |
| **SURNAME:** |  |
| **GPhC/PSNI NUMBER:** |  |
| **ADDRESS:** |  |
| **POSTCODE:** |  |
| **TELEPHONE NUMBER:** |  |
| **BANK:** |  |
| **ACCOUNT NAME/HOLDER:** |  |
| **SORT CODE:** |  |
| **ACCOUNT NUMBER:** |  |
| **LOCUM EMAIL ADDRESS:**  (FOR REMITTANCE ADVICES) |  |
| **SIGNATURE:**  (NOTE WE DO NOT ACCEPT ELECTRONIC SIGNATURES) |  |
| **DATE:** |  |