

GP Form B (Supplement) should be used to advise Contractor Finance of Money Purchase Additional Voluntary Contributions (AVCs)

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GMC Number	<input type="text"/>	SB Number	<input type="text"/>
Surname	<input type="text"/>	Other Name	<input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address	<input type="text"/>	Host EA	<input type="text"/>
	<input type="text"/>	Month	<input type="text"/>
Post Code	<input type="text"/>	Year	20 <input type="text"/>
Contact e-Mail	<input type="text"/>	N. I. Number	<input type="text"/>

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	£	p
Monthly Value of Contract	<input type="text"/>	<input type="text"/>

Note: Please submit your Form B (supplement) to Contractor Finance to arrive no later than the 7th of the month following the month to which this form relates.

Please ensure you have provided a contact e-mail address as we will be in touch to advise you of the Worldpay payment arrangements in due course.

I declare that the information I have given in this form is correct and complete and I understand that if it is not disciplinary action may be taken against me.

Signature _____ Date _____

Please scan & return the completed form to Contractor Finance: nss.locumcontributions@nhs.scot

FOR CONTRACTOR FINANCE USE ONLY											
Pending Remittance	<input type="text"/>	Completed	<input type="text"/>	Ref No	S	M	L	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>