Highland Local Dental Committee

Voluntary Levy Mandate

To: NHS Highland Health BOard

I, the undersigned

(Full Name) _____

(Practice Address) _____

Having entered into a written agreement with NHS Highland Board (hereafter called "the Board") whereby I have undertaken the treatment of persons under the National Health Service Acts, do hereby authorise and request Practitioner Services, NHS National Services Scotland /Common Services Agency (herein called "the Agency") (unless and until this authority and request shall be revoked) to deduct from the sums due to me at the end of each month, £3.00 of my remuneration from the Agency as may from time to time be resolved upon and requisitioned by Highland Local Dental Committee (herein after referred to as "the Committee"). This mandate cancels any previous mandate granted by me to the Agency.

I hereby authorise and request the Agency to pay all such sums as may be deducted as aforesaid to the Treasurer of the Committee (or as the Treasurer may direct), to be applied in meeting the expenses of the Committee and in making such other payments as may be resolved upon by the Committee, providing always that the receipt of the Treasurer or other authorised official of the Committee shall, under all circumstances and in any event, be a full and sufficient discharge to the Agency for all sums paid by the Agency as aforesaid; and the Agency shall not in any way be concerned with or have any authority to enquire as to the application of the sums so paid; and I agree to indemnify the Agency of all claims in connection with the deduction of the said sums or anything done or omitted to be done under the authority herein contained.

I consent to my personal data being shared to the Agency for the purpose of executing this mandate.

GDC Number : _____

Highland Health Board List Number : _____

Signed:

(Please scan this form and email to <u>neil.wallace1@nhs.scot</u>

or post to: Neil Wallace, Highland LDC Secretary, The Gables, Daviot, Inverness, IV2 5XQ.)