**CORRESPONDENCE DETAILS**

**To be completed by each GP/Non GP Provider**

This information will be used to update your HSC Pension Record and to ensure that we are communicating with authorised third parties.

**GP Practice Contact Details**

Practice Name :

Practice Identifier:

Practice Tele Number :

**GP/Non GP Providers**

GP/Non GP Name :

NI Number :

Home Address :

Tele No :

E-Mail Address :

Signature :

By signing this declaration you authorise the named accountancy firm and its’ representatives to act on your behalf.

**Accountant Details**

Accountancy Name :

Accountant Name :

Tele No :

E-Mail Address :

Date :