

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 :