

|  |  |
| --- | --- |
| **Payee Name:** **(Consultant or Practice)** |  |
| **GMC Number:** |  |
| **Home/Practice Address:** |  |
| Address line 1: |  |
| Address Line 2: |  |
| Address Line 3: |  |
| Town/City: |  |
| Postcode: |  |
| Country: |  |
| **Please add a contact name and telephone number of the appropriate person who will be able to verify the details supplied on this form.  NHS Shared Business Services (SBS) work on behalf of NHS Derby and Derbyshire ICB to verify these details and then set up the supplier account.  Without this security verification call, your supplier details will not be set up and your invoice will not be paid**. |
|  |  |
| **Contact Name (Bank account holder):** |  |
| **Telephone Number (Bank account holder):** |  |
| **Email Address (for remittance advice):** |  |
| **Bank Account Details:****(Consultant or Practice)** |  |
| Sort Code: |  |
| Account Number: |  |
| Account Name: |  |
| **Note:** | **Please note that bank details need to be linked to the address and payee details supplied.** |
|  | If you have any queries, please contact: ddicb.gc1@nhs.net |