**Declaration of Banking Details**

**PCN ODS Code:**

**Name of PCN:**

**PCN Address (including post code):**

This form is to be completed in all cases for both the amendment of bank accounts for existing PCNs and bank accounts for new PCNs, in line with the PCN local agreement with collaborative practices.

We understand that all communications on matters affecting the PCN will be addressed to the PCN and that copies will not be sent to individual practices.

We would like to nominate as the addressee for all financial statements sent from NHS England and ICB finance departments.

The addressee’s email address is as follows:

We undertake to notify NHS England and the ICB of any variation to the information provided in this document.

We authorise NHS England and the ICB to pay all monies due to us by direct credit to the

undermentioned bank:

**Payee:**

**Name of Bank:**

**Branch at which account is held:**

**Sort code:**

**Account number:**

**Step 1 – Is this a change of bank details to an existing GP Practice bank account due to a change in nominated payee?**

YES Go to Option 1 NO Go to Option 2

**Option 1 – Change of bank details to an existing GP Practice bank account due to a change in nominated payee. (Requires authorisation from PCN Clinical Director and all partners at the nominated practice)**

***Please note – To request a change in Nominated Payee for a PCN you must also notify ODS using this*** [*form.*](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnhs-prod.global.ssl.fastly.net%2Fbinaries%2Fcontent%2Fassets%2Fwebsite-assets%2Fservices%2Fods%2Fods-forms%2Fpcn-ods-change-instruction-notice.xlsx&data=05%7C01%7Cjames.carvello%40nhs.net%7Cf711686431f2438fcaec08dabe88858a%7C37c354b285b047f5b22207b48d774ee3%7C0%7C1%7C638031790808706383%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=167lueswPff102yD83iqyhRHhg0HoUFzwV8NtX4ch%2FI%3D&reserved=0)

**1) PCN Clinical Director details:**

Name:

Signature:

Date:

**2) Nominated GP practice details:**

GP Practice Code:

GP Practice Name:

GP Practice Address:

**3) GP Partner details of nominated payee:**

**Partner 1**

Name:

Signature:

Date:

**Partner 2**

Name:

Signature:

Date:

**Partner 3**

Name:

Signature:

Date:

**Partner 4**

Name:

Signature:

Date:

**Add additional GP Partners if required**

**Option 2 – Change of bank details to a new PCN bank account i.e. not a nominated practice. (Requires authorisation from PCN Clinical Director and bank signatories)**

**1) PCN Clinical Director details:**

Name:

Signature:

Date:

**2) Bank signatory details:**

Name:

Signature:

Position:

Date:

Name:

Signature:

Position:

Date:

Name:

Signature:

Position:

Date:

**Add additional bank signatories if required**