

Insert Name
Insert Address

TEL:

FAX:

Insert Date:

Essex LPC Secretariat
Essex LPC
17 Clematis Tye
Chelmsford
Essex CM1 6GL

TO: -

LPC MEMBERS CLAIM

Date of Claim:

Claim Details	Total
TOTAL	£

This is a self-employed claim and I accept all responsibility for NI and Tax.

BANK DETAILS

BACS payment to:

Bank Name:

Sort code:

Account no:

GPhC Registration:

NI Number:

VAT number

(include if paying into your own company)