**TO: NHS ENGLAND**

The undersigned, being the senior partner of the Oxfordshire practice named below certifies that this mandate represents the will of all the contracted medical practitioners comprising the partnership of (please insert name of practice below)

……………………………………………………………………………………………………………

I hereby authorise and request NHS England and its agents (unless and until this authority and request is revoked) to deduct an LMC levy from the NHS payments due to our practice when requested by the Oxfordshire Local Medical Committee. Such amounts may not exceed in total 45 pence per practice patient in any one year.

I also authorise NHS England and its agents to pay all sums described above to the current Treasurer of the Oxfordshire Local Medical Committee.

This revokes any previous authorisation I have signed.

Signature: …………………………………………. Date: ……………………………….

When signed, please return this form by scanned email to:

Dr. Matt Mayer, Chief Executive, BBOLMCs Ltd, ceo@bbolmc.co.uk