



GREATER GLASGOW AND CLYDE NHS BOARD
LOCAL DENTAL COMMITTEE (GENERAL PRACTITIONERS)
VOLUNTARY LEVY MANDATE

To: Greater Glasgow and Clyde NHS Board

I, the undersigned _____ FULL NAME
(Block Capitals Please)

of _____ PRACTICE ADDRESS
(Block Capitals Please)

Having entered into a written agreement with Greater Glasgow and Clyde NHS Board (hereinafter called “the Board”) whereby I have undertaken the treatment of persons under the National Health Service Acts, do hereby authorise and **request** the Board (unless and until this authority and request shall to be revoked) to deduct from the sums due to me at the end of each month such an amount, not exceeding 0.2 of one penny per cent of my remuneration from the Board as may from time to time be resolved upon and requisitioned by Greater Glasgow and Clyde Area Local Dental Committee (General Practitioners) (hereinafter referred to as “the Committee”). This mandate cancels any previous Mandate granted by me to the Board.

I hereby authorise and request the Board to pay all such sums as may be deducted as aforesaid to the Treasurer for the time being of the Committee (or as the Treasurer may direct), to be applied in meeting the expenses of the Committee and in making such other payments as may be resolved upon by the Committee, providing always that the receipt of the Treasurer or other authorised official of the Committee shall, under all circumstances and in any event, be a full and sufficient discharge to the Board for all sums paid by the Board as aforesaid; and the Board shall not in any way be concerned with or have any authority to enquire as to the application of the sums so paid; and I agree to keep the Board clear of all claims in connection with the deduction of the said sums or anything done or omitted to be done under the authority herein contained.

Signature

Date

List Number

Please return to: Colin Millar
General Secretary
Local Dental Committee
302 St Vincent Street
Glasgow G2 5RZ