Only New Style GOS Forms Should Be Submitted With This Batch Header

ODS Code

Practice Name & Address

GOS5

Quantity of forms:	Total Value:

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Contractor Declaration
To be completed in all cases

I, as authorised by the contractor, wish to claim payment for the above submissions

Please sign in the box

Name	
Date	

If using normal post please send your claim forms to:	**PCSE Enquiries** **PO Box 350** **Darlington** **DL1 9QN**
If using courier, please send your claim forms to:	**PCSE Mailroom** **Building 17** **Lingfield Point** **McMullen Road** **Darlington** **DL1 1RW**

IMPORTANT NOTE

- **The MAXIMUM number of forms to be attached to a single batch header should not exceed 100 forms. If you have more than 100 forms to submit, please use separate batch headers.**

- **Only ONE batch header required per batch. Please DO NOT attach a second batch header.**