

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



ODS Code

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Practice Name & Address

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**GOS6**

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
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If using courier, please send your claim forms to:	PCSE Mailroom Building 17 Lingfield Point McMullen Road Darlington DL1 1RW
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**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.