**Notification of a change to the date on which service provision will commence**

|  |  |
| --- | --- |
| **CAS reference number for the application** |  |
| **Type of application submitted** |  |
| **Name of applicant** |  |
| **Trading name, if applicable** |  |
| **Full address of premises to which the application relates** |  |
| **Address for correspondence (if different)** |  |
| **Date of service commencement as per the notice of commencement** |  |

Pursuant to paragraph 34(3B), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, I/we give notice that the date on which service provision will commence in relation to the above premises is to change.

The date on which service provision at the above premises was due to commence was

……………………………………………………………………(insert date).

The date on which service provision at the above premises will now commence is

…………………………………………………………………… (insert date).

Name ……………………………………………………………………………………….

Position …………………………………………………………………………………….

Date ……………………………….................................................................................

On behalf of …………………………………………………………………………………

(insert name of applicant)

Contact email address in case of queries …………………………………………………

Contact phone number in case of queries …………………………………………………

Please send the completed form to:

Email: [PCSE.marketentry@nhs.net](mailto:PCSE.marketentry@nhs.net)

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN