

## Voluntary Levy Form (Practice Owner)

Please complete one form for each practice (clearly in block capitals) and return signed and dated by post to NIOS – PO Box 28, DROMORE, BT25 1YH.

If you have any queries please contact NIOS Secretary:

- Mobile - 07774 415813
- Email - lizgillespie.nios@btopenworld.com.

PRACTICE NAME: \_\_\_\_\_

PREMISES CODE: \_\_\_\_\_

PRACTICE ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

POST CODE: \_\_\_\_\_

I hereby apply to join the Ophthalmic Levy Scheme:

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Please print your name: \_\_\_\_\_

In what capacity do you sign, eg: owner, partner, director, etc?

\_\_\_\_\_