

Voluntary Levy Form (Practice Owner)

Please complete one form for each practice (clearly in block capitals) sign and send a photograph/scan to email address below.

If you have any queries please contact NIOS Secretary:

- Email - secretary@nios.org.uk

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?
