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| **Multi Pharmacy Application** | |
| **Name of Company** |  |
| **Company Registered Office Address** |  |
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| **Postcode** |  |
| **Contact Name** |  |
| **Contact Telephone Number** |  |
| **Contact Email Address** |  |
| **AUTHORISED PERSONS**  **Please notify NHS England & Improvement Controlled Drugs Team of any changes via email to** [**england.yhcdao@nhs.net**](mailto:england.yhcdao@nhs.net) | |

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| **Full name** | **Professional**  **registration number** | **Profession or, if not a registered healthcare professional, the post title** |
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| ***NHS England & Improvement Office Use Only*** | ***Date checked*** | ***Initials*** | ***Comments / Attachments*** |
| **Company Name & Address** |  |  |  |
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