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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** |

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| **Full name** | **Professional****registration number** | **Profession or, if not a registered healthcare professional, the post title** |
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| **LIST ENDS** |

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| ***NHS England & Improvement Office Use Only*** | ***Date checked*** | ***Initials*** | ***Comments / Attachments*** |
| **Company Name & Address** |  |  |  |
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