**Chapter 18**

**Annex 1**

**Notification of Opening on Bank and Public Holidays**

**Notification of opening hours on bank and public holidays**

|  |  |
| --- | --- |
| **Name of contractor**  |  |
| **Full address of premises to which the application relates** |  |
| **Address for correspondence (if different)** |  |

Pursuant to paragraph 35(3)(b) of Schedule 4 to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, please provide your proposed opening days and times for the following bank and public holidays:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Date** | **Open or Closed** | **Opening time** | **Closing time** | **Lunchtime** |
| **Good Friday** | Friday 14th April |  |  |  |  |
| **Easter Sunday** | Sunday 16th April |  |  |  |  |
| **Easter Monday** | Monday 17th April |  |  |  |  |
| **May bank holiday** | Monday 1st May |  |  |  |  |
| **Spring bank holiday** | Monday 29th May |  |  |  |  |
| **August bank holiday** | Monday 28th August |  |  |  |  |
| **Christmas Day** | Monday 25th December |  |  |  |  |
| **Boxing Day (in lieu)** | Tuesday 26th December |  |  |  |  |
| **New year’s day** | Monday 1st January |  |  |  |  |

I confirm the above mentioned premises will be open on the above days as stated.

Signature …………………………………………………………………………………..

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

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

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

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

(insert name of contractor)

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

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