Annex 3A

Request for Information Relating to Change from Individual to Partnership – GMS contracts

[*date*]

Dear [*name*]

Change from Individual to Partnership – [insert GMS contract reference]

Please provide the information below to the Commissioner no less than 28 days before the requested contract variation.

|  |  |
| --- | --- |
| 1. Affix practice stamp: |  |
| 1. The names of the person(s) in the proposed partnership: | [List all partners] |
| 1. The name of the partnership, address, telephone number, fax number and email address: | [Insert] |
| 1. Will the partnership be a limited partnership? | Yes / No |
| If yes, who is a limited and who is a general partner? | [List all partners indicating who is limited and who is general] |
| 1. Confirm that the proposed partner(s) is/are either:    1. a medical practitioner; or    2. a person who satisfies the conditions specified in the NHS Act | [List all partners indicating whether each is a medical practitioner or a person who satisfies the conditions specified in the NHS Act ] |
| 1. Confirm that the proposed partner(s) satisfies the conditions imposed by regulations 4 and 5 of the NHS (General Medical Services Contracts) Regulations 2004. | [List all partners indicating whether each satisfies the conditions imposed by regulations 4 and 5 of the NHS (General Medical Services Contracts) Regulations 2004] |
| 1. The proposed date from which this change is to be implemented: | [insert date] |
| Signed by current contractor, [insert name] | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signed by proposed new partner, [insert name] | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signed by proposed new partner, [insert name] | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [Add further signatures lines as necessary] |  |

Please note that providing information does not impose any obligation on the Commissioner to agree to this change.

Yours sincerely

[name]

[title]