**Chapter 41**

**Annex 37**

**Request for an extension to the temporary arrangements**

**Request for an extension to temporary arrangements because of circumstances beyond the control of the contractor**

Name of applicant ……………………………………………………………………………

Address of the premises to which the granted application relates

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Date on which the application was granted by NHS England, the relevant delegated integrated care board or, on appeal, NHS Resolution

…………………………………

I/we would like to request an extension to the time within which the temporary arrangements for the above entry in the relevant pharmaceutical list may exist.. The additional period of time I/we are requesting is ………………………………………………………………..

Please explain in the box below the reasons for your request.

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Please attach a continuation sheet if necessary.

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

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

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

On behalf of the company/partnership ……………………………………………………..

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

Contact email number in case of queries ………………………………………………….

Registered office

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|  |

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