Annex 11

Refusal of Request to Dis-incorporate

[*date*]

Dear [*name*]

Contract No [insert contract number]

Request to dis-incorporate to [an individual / a partnership]

Thank you for your letter dated [*insert date*] informing us of your request to revert from a [company limited by shares / qualifying body / other] to [an individual / a partnership] contract and for returning your completed assessment template as requested.

Having reviewed your request, we regret to inform you that we have refused the reversion for the following reasons:

[*insert reason – Commissioner to ensure that the rational for refusal is reasonable and legitimate*]

If you do not agree with our decision, you should contact us within 28 days of this notice. If, after making every reasonable effort, we are unable to resolve the dispute, you may wish to refer the matter to the NHS dispute resolution procedure by sending a written request to:

Postal address: NHS Resolution, Primary Care Appeals

8th Floor, 10 South Colonnade, Canary Wharf, London, E14 4PU

Email: [nhsr.appeals@nhs.net](mailto:nhsr.appeals@nhs.net)

You do, of course, retain the right to seek support from your representative or defence body or Local Medical Committee.

Yours sincerely

*[name]*

*[title]*