

Change of Bank Account Details

Partner's Name:.....

Partner's Number (where available):

Please indicate full bank details in the table below:

Account Holder's Name								
Bank Name								
Sort Code								
Account Number								

Signed by Account Holder

Date

In signing this form I declare that the account details provided are correct and I authorise the Health and Care Professions Council to process my details accordingly.

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For Official Use:

Purchase Ledger Account Number

Processed by

Signature

Date