**Lanarkshire Local Dental Committee**

Mandate for deduction of Voluntary Levy

**To**:

Practitioner Services – Dental

NHS National Services Scotland

Gyle Square

1 South Gyle Crescent

Edinburgh

EH12 9EB

Date:-----------------------------------------

I the undersigned hereby authorise Practitioner Services – Dental (PSD) to deduct each month such a sum as shall from time to time be decided by Lanarkshire Local Dental Committee (LLDC) but not exceeding maximum £2 per thousand of my gross monthly earnings from dental treatment provided under the National Health Service (Scotland) Act 1948 and subsequent amending and superseding legislation; and I request that the sum so deducted be remitted to the Clerk of the LLDC and that her receipt be accepted by PSD.

I declare that this mandate which replaces any previous mandate given by me for deduction of Voluntary Levy shall take effect immediately and shall be effective until cancelled by me in writing.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Block Caps)**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**