



**CENTRAL  
OPTICAL  
FUND**

Central Optical Fund Office  
329 Barnard Road  
Galleywood, Chelmsford  
Essex  
CM2 8RU

07972 080053

[info@centralfund.org.uk](mailto:info@centralfund.org.uk)  
[www.centralfund.org.uk](http://www.centralfund.org.uk)

# Mandate Form

To: The Finance Director:

CCG

I (we), being in practice as an optometrist and included in the Contractor List for the provision of General Ophthalmic Services, hereby authorize and request you to deduct from the fees payable to me/us, sums amounting to \_\_\_\_\_ % of NHS Sight Test fees.

I (we) hereby request and authorize you to pay, on a regular basis, all sums so deducted to the Treasurer, Central Optical Fund Office, 329 Barnard Road, Galleywood, Chelmsford, Essex CM2 8RU, whose receipt therefore shall be a full and sufficient discharge to the CCG for these monies.

Signature:

Date:

Contractor List Number:

Practice Address or stamp:

## To the Contributor:

Please complete this Mandate form and send to your CCG, with a copy sent to the Central Optical Fund. Alternatively, send to the original to the Central Optical Fund for processing.

## Bank Details:

The Central (Local Optical Committee) Fund Limited  
Sort Code: 40-18-51  
Account Number: 31437577