**Accredited Registers**

## Annex A – Information needed by the Authority to accept and verify payment

**This form MUST be completed and forwarded to the Authority together with other application documents**

The fees, which are non-refundable, must be paid in full when the application is submitted (either for accreditation or annual review). The applicant must make a bank transfer (BACS) to the Authority’s bank account stated below:

**Bank name**: Lloyds Bank

 **Account Name**: Professional Standards Authority for Health & Social Care

 **Sort code**: 30-00-09

**Account Number**: 00489705

**ORGANISATION DETAILS**

|  |  |
| --- | --- |
|  **Name of organisation:** |  |
| **Invoice address:** |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Finance contact:** |  |
| **Telephone:** |  |
| **Fax:** |  |
| **Email:** |  |

**BANK DETAILS**

|  |  |
| --- | --- |
| **Name of bank:** |  |
| **Address:** |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Account number (xxxx xxxx):** |  |
| **Sort code (xx-xx-xx):** |  |

 **Professional Standards Authority use only:**

|  |  |
| --- | --- |
| **Account reference** |  |
| **Date issued** |  |