

Health & Social Care

Business Services Organisation

Operations Directorate

Dental Payments Office

Family Practitioner Service

General Dental Services – Assistant Salary

This form must be completed and signed, by both the Assistant and Principal, at the end of each month and returned to the BSO's GP Payments Office. Failure to complete this form may have an effect on your pension.

Principal's Name :- _____ DS No :- _____

Assistant's Name :- _____

Salary for Month of _____ Year _____ = £

Signature of Principal :- _____

Signature of Assistant :- _____

Completed form should be returned to the BSO, Operations Directorate, GP Payments Office (FPS), 2 Franklin Street, Belfast BT2 8DQ.

For Business Services Organisation Use Only

Date Received by the BSO :- _____

Month Processed :- _____

Date Salary Input into Dental Payment System :- _____

Input By :- _____