

Optometry Northern Ireland Voluntary Levy Form

Please complete one form for each practice (clearly in block capitals), and return, signed and dated by post to NIOS – PO Box 28, DROMORE, BT25 1YH

If you have any queries please contact NIOS General Secretary by email to secretary@nios.org.uk.

PRACTICE NAME _____

PREMISES CODE _____

PRACTICE ADDRESS _____

POSTCODE _____

I hereby apply to join the Ophthalmic Levy Scheme:

SIGNATURE _____

PRINT NAME _____

DATE _____

In what capacity do you sign? E.g. Owner, partner, director etc.
