

**Chapter 36**

**Annex 7**

**Notification of changes to supplementary opening hours**

<b>Name of contractor</b>	
<b>ODS code (also known as the F code)</b>	
<b>Full address of premises to which the application relates</b>	
<b>Address for correspondence (if different)</b>	

This is a notification to:

- permanently change supplementary opening hours
- make a one-off change

(Please tick as relevant).

Please insert below the current supplementary opening hours for these premises.

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>

Please insert below the proposed supplementary opening hours for these premises.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

If this is a permanent change, please state in the box below the date from which the change will take effect.

If this is a one-off change, please enter the dates for the change below.

At least three months' notice must be given. If you are seeking to change the supplementary opening hours within a shorter timescale please set out your reasons below and NHS England will consider whether it can agree to a shorter notice period.

Signature .....

Name

Position

Date

On behalf of  
(insert name of contractor)

Contact email address in case of queries  
Contact phone number in case of queries